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ORIGINAL COMMUNICATIONS.

ART. I.—*Valedictory Address* to the Graduates in Medicine of McGill College, on their receiving the Degree of Doctor of Medicine and Surgery, conferred by Convocation, 4th May, 1854. By A. F. Holmes, M.D., Professor of Medicine, and Dean of the Medical Faculty.

Gentlemen,—At the close of our mutual labors, and before we sever the relation so long subsisting between us, let me address to you a few words. I have said "sever relation;" I do not mean sever our connexion, for that, I hope, may become still closer by the new relationship in which we now are about to stand.

When you first placed yourselves under our direction, you had two objects in view—instruction and graduation—the former as the means of attaining to the latter; the latter as a testimonial of successful pursuit of the former. One of these objects, viz., graduation, it was in our own power to bestow; the other required your active co-operation; for no matter what amount of instruction we had in our power to give, it would have been of little avail had not your minds been prepared and ready to receive it. Pursuing, then, the same object, whether as instructors or instructed, we might naturally be expected to, and I trust have, become mutually interested in each other; so that while you in after life, may look back with satisfaction on the period of study spent with us, and with kindly wishes for the prosperity of your alma mater, we may hereafter, in hearing of your eminence in your profession, rejoice that you "Hail from McGill College."

The course of study which you have pursued is an arduous one. Four years, when looked forward to, seem a long period, but your own experience has taught you that it is by no means too long to conquer the various topics comprised in a good medical education. And yet, after all your labor, whereunto have you attained? You have only, as it

were, arrived at the portal of a vast enclosure. You have only reached the starting point of the race you are to run: you are furnished with arms, you have a complete panoply; yet you have not yet proved them, and will often find them cumbrous and difficult of management, till time and repetition shall have given you the facility of manipulation which you see in the hands of your seniors.

In fact, however prepared to commence the duties of your profession you lack EXPERIENCE, and this is a branch of knowledge which *we* cannot teach you, but which must be acquired by an intelligent and persevering use of those tools with which we have furnished you.

I well recollect, many years ago, when I first entered on the study of medicine, how wonderful it appeared to me that my preceptor could so rapidly decide upon the remedies required by his patients; a few hints and a glance or two seemed to enable him to seize the whole subject. It looked like intuition. The whole subject seemed to flash upon his mind without the labored operations usually required to reason out a complicated question, and to come to a conclusion. But, gentlemen, experience has long ago taught me how this is done, as it will undoubtedly in due time teach you.

It is of much importance in pursuing your profession, that you should estimate it properly. Medicine is not an exact science; the varied and often conflicting opinions of its professors give abundant proof of that. It has even been called disparagingly a "conjectural science," which no doubt it sometimes is, and indeed must be, till knowledge becomes perfect. There are, however, few branches of knowledge to which we can apply the appellation of "exact." It is in mathematics and the portions of other sciences dependent on them, that we can look for anything deserving of the name. In these we may be certain in our deductions, but in none other. What branch of knowledge is not shifting and changing? If it be a complaint that medicine, which has been studied for between two and three thousand years, is still unsettled and imperfect; may we not say the same of other branches? Can we not turn with confidence to the other Faculties of our College and ask, Are you better off than we? Are your foundations more firm, or your principles more stable? Look at education in general, a pursuit which must have occupied the minds of men ever since men were united in social relations, and yet do we find it at the present day pursued on a well-established basis. On the contrary, have not the "new lights" discovered the incapacity not only of old established institutions, but even of long-established rules.

Again, what is of more importance to the well-being of man than a proper knowledge of the laws that should govern international relations; still, as a science, political economy is but juvenile, and yet under its dic-

tation, maxims rooted in the prejudices and apparent interests of communities are rapidly giving way. Look, again, at "the glorious uncertainty of the law," and ask its expounders if the medical profession deserve to be twitted with being the followers of a conjectural science.

In fact, medicine is only on a par with knowledge in general. All knowledge is imperfect, and this imperfection must be received as an element in our proceedings. We can only act according to the knowledge we possess. We cannot foresee the future, nor act beforehand upon knowledge which our posterity shall possess. In one sense, at least, the children shall be wiser than their fathers. How much saving would there have been, could this impossibility have been otherwise! Where would have been those splendid aqueducts which the old Romans raised, and whose ruins remain as monuments at once of their public spirit and of their ignorance? How many of the canals which intersect our mother country (and I may almost say our own,) would have been left unmade could their projectors have foreseen the period of railroads?

But with all this acknowledgment of the imperfection of knowledge; the liability of that which we suppose we have done *well* being in future exploded and destroyed, we cannot stand still. It is not by folding our arms and waiting, that we shall acquire what we desire, but by strongly willing, and putting forth our power to explore every corner of the vast field of knowledge, and to exhaust all means at our disposal.

I think I have proved that Medical Science is at least not lower than the level of other Sciences, but I think I may go further and assert that there is an apology for medicine which does not exist in regard to several other of our pursuits. What are the subjects with which medicine has to deal? Those confessedly which are least understood. They are Life and Death; or, as I should more properly say, life, for death is only the negation of life. But what is life? Who, of all this assembly or of any assembly in the world, can tell me what life is? It is true I can tell where life is; I can judge of its presence by its manifestions, by its effects; but this does not give me its nature or its essence. Now when it is the business of medicine to counteract the tendency to death, to strive to preserve life, how can medicine be otherwise than imperfect, seeing the very subject of its operations is not comprehended? The nature of life itself being unknown, we are unable to discover in what way its influence pervades our various organs, so as to bestow upon them their endowments of sensibility, irritability, and sometimes almost of intelligence; and in this want of data, is it at all strange that we should often be unable to predicate a just decision as to the present or the future condition of our patients, or of the effects of our remedies upon them.

Gentlemen,—It is a great thing to know how much or how little we really know; for not only shall we be led to supply our acknowledged want, but we shall be able to apply what knowledge we have much more effectually to useful purposes. When we are in ignorance, we are very apt to allow prejudice to usurp the place of wisdom, and fostering our delusion so as to oppose an effectual bar to our improvement. How many evils and follies and crimes have originated from this cause? Medicine has not been free from them. It was from the prejudice of an erroneous theory that it was once customary to treat a case of small pox with blankets and heated air and drinks. It was from a similar erroneous prejudice that the cure of wounds was sought by cramming them with lint, the treatment of all others most detrimental to them. You will often, probably, be asked to give the reason of occurrences; nor will this inquiry always be kept within reasonable bounds. Nothing is more easy to ask than, What is the reason of a thing? yet, often, nothing is more difficult than to give a proper answer. A child may puzzle a philosopher, and it is often the ignorant who are most pertinacious in requiring an answer; but their very ignorance makes them contented with the most superficial reasons, and often the most flimsy are quite satisfactory. The Hindoo believes the earth rests on a tortoise, without asking what supports the tortoise; so, in our practice, we find that a mere learned name will often set at rest many difficult inquiries, and this is both fortunate and unfortunate—fortunate, because it often saves the labor of cogitation, and the often unpleasant confession that you do not know;—unfortunate, for it often prevents us from being *candid* with our patients, because we feel that our candour in declaring we do not know (perhaps what no one else knows) may be interpreted as if we were improperly ignorant of what it was our duty to know.

There are two errors to be avoided: an overweening prepossession that we are very wise, which leads to dogmatism and quackery; and a want of self-reliance, which leads to inefficiency. In our approaches to one or other of these errors, a great deal will depend on temperament; both of them, however, lead to one result, a system of routine—the one asserting the supremacy of its knowledge, will not condescend to alter; the other, fearful of untried consequences, prefers the beaten track. Routine is not the part of a scientific physician, whose decisions and directions should always have a basis of reason; it is manifestly unfitted for emergencies, and frequently injurious in ordinary cases; it leads to the treatment of mere symptoms, or is guided by mere names. I have often endeavoured to impress upon you that the inferiority of the physician over the quack existed chiefly in his acquaintance with the various phases of disease incident upon the differences of constitution,

state of body, and circumstances in which it was placed. I have also often warned you not to suffer yourselves to be led away by the mere name of disease, so as to treat all cases coming under that name in the same manner; but always to regard disease not only as modified by the circumstances which attend it, but often requiring a treatment opposite to that which at another time might be most advantageous.

Medicine should be as far as our knowledge will allow a scientific study. I have alluded in some former remarks to the rapidity with which an old practitioner will understand the nature of a case and prescribe its appropriate remedies; but it is not always so. Many times with most earnest attention are we obliged to scan the aspects of a case. Many times do we cautiously balance the plans of treatment most appropriate. Often do we wait in anxious solicitude the effects of the medicines we have thought necessary to prescribe. We are sometimes unable to decypher the indications of disease. Often we are unable to foresee the results of our treatment. The investigations required to treat a case are often extremely extensive. We must seek the medical history of the patient for years back, even to his progenitors; also, his habits and the circumstances in which he has been placed; all present symptoms must be examined and their importance analysed. Having thus obtained a knowledge of the disease, we have next to investigate in what way we shall be best able to remove it. Here we have to weigh all the circumstances which make one plan preferable to another, and here we are often led to treat the same disease at different times in different modes, *i.e.*, inflammation, which sometimes requires severe depletion, while at others we uphold the strength with stimulants and wine.

Gentlemen,—In the course which you have gone through, you have necessarily learned many things which were elementary; and many that seemed more directly practical; and you were led, perhaps, to look upon the former as mere steps for the attainment of the latter, and therefore to be disregarded when the purpose was fulfilled. Your conclusion, though in some respects correct, would, on the whole, be erroneous, and the examinations you have gone through will have shewn you that your professors required quite as much elaboration in your elementary as in your practical studies. I desire now to impress upon you that much of this elementary knowledge is of direct practical bearing, and must not be laid aside, as if its end were wholly attained; but must continue to be cultivated and refreshed from time to time.

Let us take, ex. grat., the department of Chemistry. You are perfectly aware that without a certain knowledge of chemical laws and combinations, it is impossible to get accurate notions of many of the func-

tions, and most of the materials of the body. The great operations of digestion, respiration, and secretion, and their products, cannot be understood without this knowledge, nor can the materials which, under the name of food, enter our bodies, and form the subjects of these operations, and hence become of such high importance in reference to health. Chemical research has revealed to us the interesting fact, that our food, whether derived from a vegetable or an animal source, is identical in its nature. It has shewn us that much of our food, though necessary for other purposes, is not qualified to repair our wasted frames, and that we may even die though supplied with abundance of what is usually thought nourishment, as was exemplified in the case of the too zealous Dr. Stark, who fell a victim to his perseverance in the use of non-azotized materials.

The daily, nay constant, waste and repair of the tissues of our bodies furnishes another example of the importance of chemical knowledge to enable us to understand ourselves. Every one, unavoidably, becomes experimentally acquainted with the need of food to support the strength and power of the body; but few, perhaps, out of the profession, are aware that this is effected by the continued addition to our tissues, through the medium of the blood, of those particles of food that are fitted to nourish them, and that, after these particles have served their purpose, and have become effete, they are again removed through the same channel of the blood, and consigned to their appropriate emunctories. This wonderful process of waste and repair continues from year to year, renewing us completely, and making us living Paradoxes—the same, yet not the same—same as to identity, different as to material—the same being from childhood to old age; yet every particle altering continually.

But to furnish you with another example. What more beautiful illustration can be afforded of Divine contrivance than the chemical apparatus which nature gives us for sustaining our animal heat, and enabling us to bear the colds of these northern regions, or even to enjoy health and comfort, when the thermometer is 50° or 60° below zero, as was experienced by the searchers of the North West Passage. This important process is effected by the passage of our food, after certain elaboration, into the blood, and then, as it circulates through every fibre of the body, by its gradual change in consequence of union with oxgyen: so that it undergoes a process of oxidation quite the same, as the change that takes place in the fuel of our stoves and common fire places, making us, in fact, examples of spontaneous combustion, though not precisely in the common understanding of that term, which is applied to designate a much doubted fact, that may hereafter, perhaps, obtain its confirmation from the mode in which na-

ture keeps up her fires in the body, the flues of which are perhaps liable to become over-heated by undue accumulation of fuel, as well as the more visible ones which we run through our dwellings.

But you may say these examples, though striking proofs of the need of chemistry to enable us to understand the functions of the healthy body, are not practical, inasmuch as they do not refer to the diseased body. They are highly important as physiological truths, but they are not pathological. This is true, but if you understand not the physiological, how can you understand the pathological? Could you venture to undertake a nice operation of surgery without knowing the parts amongst which you are to cut? So how could you venture to meddle with diseased organs, the elements of whose functions you are unacquainted with?

But I need not rest my argument on this ground. I can show you that changes which are strictly pathological can only be recognized by chemical manipulations, and being recognized, can only be remedied by chemical appliances. You have all heard of the Humoral pathology, or of what, in the not very grammatical though very expressive phraseology of the day, are called blood-diseases. This humoral pathology, by the bye, furnishes a not uninstructive episode in the history of medicine. Received as manifest truth for many ages, it fell at last into disrepute, became the butt of ridicule to the moderns, and was referred to chiefly as shewing the absurdities of the ancient schools of medicine.

This once supposed "exploded dogma" has, however, again begun to raise its head, and counts among its abettors many of the best and safest of our practitioners; and this change is comparatively recent, for it was several years after I had completed my medical studies before this old doctrine began to reappear. My mind is apt to dwell upon this change as one evidence, among many others, of the imperfection of our boasted reason, and of the propriety of using modesty and caution in asserting even the most generally received of its conclusions.

It is true that in the olden time the humoral pathology was but a speculation, though certainly a happy one; it was not based upon experiment, the proper ground of philosophical deduction, and therefore fell. The humoral pathology of the present day may be expected to become an ascertained fact, inasmuch as it is based not on hypothesis, but on multiplied experiment and observation.

But to return. Blood diseases are so named because they consist in an alteration in the materials of which the blood is made up. That fluid consists, as you know, of certain constituents in certain proportions variable within certain limits, without affecting health; but beyond these becoming less fitted for the performance of its normal duties; and, be-

sides these changes among its own constituents in regard to proportions and to qualities, the blood is the great sewer, if I may so speak, through which the drainage of the body is effected. It is, moreover, liable to receive poisonous contaminations from without the body, introduced in a variety of ways. In these different modes, then, the condition of the blood may be altered, and origin will be given to the so-called blood diseases; the number of which seems rapidly increasing, as for instance, in the lectures of Dr. Todd we find alterations in the blood assigned as the cause of those derangements which seem most to favor the notions of the solidists, and to depend upon the condition of the moving fibre, viz, Spasmodic diseases.

The blood then, you perceive, is liable to alterations, which, by calling in the aid of chemical manipulation, may be ascertained, and lead to the application of remedies more appropriate than could otherwise be applied. It is true that this field of investigation has been opened so recently that great results have not yet been effected, but they loom in the distance inviting us by their magnitude to carry forward the work with energy and perseverance. Discoveries in this field are not unfrequent, promising abundant fruit to future investigation, and probably leading to most satisfactory conclusions both as to pathology and practice. Take as an example the recent discovery by Bernard of a normal function in the liver, not before suspected, the conversion of a portion of food into sugar. That eminent chemico-physiologist by analysing the blood entering the liver and that emerging from it as well as the substance of the liver itself, has proved that in health, sugar is constantly produced, recognizable in the blood till it has passed the pulmonary circulation, after which, in the normal state, it is no longer to be found.

Do you not at once see one of the direct practical bearings of this new fact? Will it not serve to clear up the great obscurity which has long hung over the very fatal disease called diabetes, and not only tend to elucidate its nature but by fixing on the precise points where the hitherto considered abnormal material of sugar is produced, and the point where normally it disappears, enable us to ascertain what the precise change is which prevents its disappearance at that point, and allows it still to circulate with the blood; and when that change is recognized may we not expect to be able to apply with effect remedies suited for the case?

The practical importance of knowing the chemical state of the blood is now recognized even in the nomenclature which is being introduced to designate its condition. Such terms as spanæmia, uræmia, pyæmia, toxicæmia, &c., with the even more analytical names of hypinosis and hyperinosis serve to shew the direction which the inquiries of patholo-

gists are taking. I might also call you to survey the new views taken of the pathology of gout and rheumatism, as well as the whole tribe of zymotic diseases, as a reason for not neglecting chemical pathology, but I shall confine myself in this connexion to asking your attention to the glimmer of light which has been thrown upon the nature and prevention of Tubercle, that scourge of humanity under the form of consumption, and other allied maladies. This is conceded to be a blood disease, and seems to arise from deficient elaboration of the nutrient particles poured into the blood, and intended to be there developed into the nourishing material of the body, but in some hitherto unknown way perverted into the tubercular deposit. Recently observed facts, aided by minute chemical and microscopical research seem to point to over abundance in the supply of oxygen to the blood as a cause of the development of tubercle, while its prevention, if not cure, would seem to have some relation to the diminished arterialization of the blood.

But I must not omit to point out what may seem plainer evidence of the practical importance of chemical knowledge, viz., the direct administration of medicines to produce certain chemical changes. You are, of course familiar with the class of remedies which act entirely on chemical principles. They bear a part, indeed, in the classifications of materia medica—the antacids, the lithontriptics, the antidotes have always been known to act, not as vital but as chemical agents, and they have long been, and still continue, in use to remedy what I may call the grosser chemical diseases of the body. But the recognition of the blood-origin of diseases, and the investigation into the precise changes which constitute them, or, in other words, form their "proximate causes," will lead, and has already led to the search after remedies which have the power of altering these conditions. Many remedies which now we employ empirically, or which are called specifics, we shall probably come to use in order to fulfil precise indications, and to induce particular changes. You all know how useful the tartrate of antimony is in inflammation of the pulmonary tissue. It is generally used, but its mode of action is also generally unknown. But when you hear that it has been ascertained by chemical experiment that antimony is potent in diminishing the quantity of fibrin in the blood, you will feel more satisfied in prescribing it, than if you gave it empirically as an agent which you had found to be useful. So, again, in regard to nitrate of potash, which has been given in large doses as a remedy for rheumatism: it is a powerful solvent of fibrin, and we know that in rheumatism that element of the blood is largely increased. The effects of iron in augmenting the red corpuscles become evident by the pallor of disease giving way to the roseate hue of health.

I have dwelt so long on chemistry, that I can but glance at another elementary study, viz., Physiology, which you should not neglect on the plea that it is not practical; for, as the chemistry of the body is liable to become deranged, so is it of the physiology. The knowledge of healthy structure and function is indispensable to a knowledge of their disordered states, and furnishes assistance in our most practical researches. Let us select for an illustration the cell-theory of growth. It is well-established, commencing in a cell of the simplest kind, our subsequent growth and full development is by multiplication of such cells and their varied modes of union and expansion. Now this would seem at first to be a fact curious and interesting in itself, but having little bearing on medical practice; but when we look into the nature of abnormal growths, usually called tumors, we find their progress a copy of that of the normal tissue, and you then find your physiological knowledge applicable to the diagnosis of such tumors. As the natural tissue possesses peculiarities in its cell structures, so do abnormal growths distinguish themselves by varieties in the appearance of their cells. Nothing can therefore be of more practical benefit than to acquire facility in the use of the instrument by which alone such researches can be carried on—I mean the microscope. That instrument is no longer to be regarded by the physician as simply furnishing curious and important information as to the minutiæ of creation, but as a valuable assistant in obtaining a practical knowledge of many of our common diseases. Indeed the results of the use of that instrument in giving precision to the diagnosis of several diseases are of the highest importance. But I shall allude but to one of its discoveries, a very curious though not a pleasant one, the existence of minute parasites, both vegetable and animal, both on and within our very textures. The existence of the larger parasites, such as the various worms and others that may be nameless, has been of course known in all ages, but the fact that vegetable growths occur upon our skins and within our bodies, or that minute animals in large numbers occupy at times our very flesh and blood, has been revealed only recently and through the aid of the microscope. It is now known that one of the troublesome diseases of the scalp known as scald head (favus) is a vegetable fungus growing on the spot; that another (porrigo decalvans) is produced by a similar growth within the tubuli of the hair. Intractable cases of disorder of the stomach have been found owing to a minute fungus (sarcina ventriculi) growing within that organ. Cases have occurred where the blood on examination was found loaded with animalcula, and others where microscopic worms (trichina spiralis) occupied a large portion of the muscular structure.

I have thus endeavored, and I trust successfully, to impress upon your

minds that the knowledge received in the elementary classes cannot lose its value even when you have acquired perfect acquaintance with that taught in the more advanced or practical departments; but that through your future clinical career you will need the aid of that knowledge which formed the first steps of your professional improvement.

I had intended to have addressed to you some ethical remarks in regard to your feelings and deportment towards your patients and towards your brethren of the profession, as well as to point out as a duty to yourselves that you should cultivate your talents, and use the opportunities you will enjoy for your own improvement, which will then be sure to result in the desire and effort to add to the general stock of knowledge, but I forbear and shall conclude by congratulating you on the honorable position to which you have now attained, and by hoping that the avenue this day opened to you may lead to a long course of usefulness to others, and of satisfaction and eminence to yourselves.

Montreal, May, 1854.

ART. II.—BATTLE OF VITTORIA;

A Sunday's Professional Work during the Peninsular War. By Dr. HENRY, Inspector General of Hospitals.

As war has again broken out in Europe, and sanguinary engagements in which British troops will probably take a leading part, may be soon expected in Turkey, it may interest the readers of the Medical Chronicle to learn how army surgeons are employed on such occasions; and to look on a great battle in a professional aspect.

The following communication has been condensed from a journal kept by the writer, during the last four years of the Peninsular War. He was then Assistant Surgeon of the 66th Regiment, and during the campaign of 1813 was detached temporarily from that corps, and ordered to assist his friend, Staff Surgeon Wasdell, who had medical charge of the second division of the British Army.

Montreal, May 3, 1854.

After a long march from the frontiers of Portugal, during which the French army had retreated in all directions before the Allied forces, it at last made a stand near the city of Vittoria, under King Joseph and Marshal Jourdan; and we halted on Saturday morning, the 20th June, 1813. During this day Lord Wellington closely reconnoitred the enemy's position, and made his arrangements to attack it on the following

morning. Being attached to the head quarters' staff of Sir Rowland Hill, and General Stewart, the writer had a quarter assigned to him, with them and Mr. Wasdell, in a village commanding a good view of the English camp, half a mile distant. He rose at daylight on Sunday morning and looked out; but there was some rain, with a thick fog, and nothing could be seen. Half an hour after the rain ceased, and the fog began to disperse before a light air from the west, giving promise of a fine day. In an hour the tents were struck, the baggage was sent to the rear, and the troops got under arms. Soon after this the corps of Sir Rowland Hill, about 14,000 strong, commenced its march towards the enemy, eight or nine miles distant. This force was composed of the second English, a Spanish, and a Portuguese division, a brigade of cavalry, and twenty-four guns.

It was early buzzed along the line of march that there would be hot work before night; though many supposed the French would abandon their position and retreat. The staff officers, as they rode past with orders, looked a little grave and excited, and there was an abatement of the usual talking and joking in the ranks; which, though not quite conformable to discipline, was usually connived at, because such amusement disguised the length and fatigue of a march, and kept the men in good humor.

Morillo's Spanish division had preceded us, and as we approached the river Zadorra at Puebla, we began to hear musketry firing, which gradually increased, and we found the Spaniards engaged on a mountain to our right, on the other side of the river, and the extreme left of the French position, which convinced us all that there would be a serious fight. There had been some skirmishing in the town of Puebla; and as we crossed the bridge, marched along the left bank, and ascended a long and steep hill, we saw several dead bodies—French and Spanish—lying on the sides of the road. On reaching the top of the hill, we came in full view of the enemy in position, 65,000 strong, about three miles distant.

This was a stirring and magnificent sight; and a young man of ardent temperament, like the writer in those days, might be excused for relaxing a little in his loyalty to physic, and even cherishing a momentary wish "to throw it to the dogs." But it was *only* momentary.

Sir Rowland had received orders to attack the left of the enemy. His corps advanced a mile or two along the high road from Madrid to Vittoria, then turned to the right, and moved some distance on open and rising ground, until nearly opposite the village of Subijana d'Aliva, keeping just out of gun-range; when the whole body halted, formed column and piled arms. And now the men walked about at their ease, and in

great glee, chatting and laughing, and looking as if they did not care a fig for King Joseph and his host, arrayed in full sight.

As soon as the troops halted, the generals and their staff rode in front to an eminence to reconnoitre, and the staff surgeon, five or six mounted regimental officers, and the writer, joined the party. But having now come within range, and seeing the French artillerymen at their guns, with lighted matches, and fears being entertained that the large group of horsemen might attract a shot, the amateur reconnoiterers received a hint to fall back; which of course was promptly obeyed.

In a few minutes the generals returned, the men stood to their arms, and an English brigade, with another in support, advanced to attack Subijana, about a third of a mile in front of the French position. As this was an important post, having a somewhat similar relation to the enemy's line as Hougoumont afterwards had to the British at Waterloo, Mr. Wasdell and the writer believed the village would be strenuously defended; and looked out for some convenient spot, near it, to receive and dress the wounded. Having discovered a sheltered nook near a spring of water, with some fine chestnut trees around it, and defended by a hill from direct range of shot and musketry, they assembled the brigade surgeons, unloaded their mules, and their own mule, of the surgical panniers, and made the necessary preparations without loss of time.

Subijana was most gallantly attacked, and resolutely defended; and its capture cost many lives, with five or six times the number of wounded. In about an hour we had four or five hundred on our hands: mostly from musketry, but some by round shot from batteries on the position behind; and here the medical officers of the 28th, 34th and 39th Regiments, the staff surgeon, and the writer were busily engaged in dressing wounds, amputating limbs, and sending the poor patients in spring wagons to Puebla, for more than three hours. Having been first engaged, our division had a larger portion of wagons than the others; still we had not half enough conveyance for the wounded. And this is a weak point in the composition and administration of British armies; and the only one, perhaps, in which our quondam enemies, now our gallant and attached friends, the French, have always excelled us. An hospital for the wounded had been prepared by Dr. McGrigor, our medical chief, at Puebla, early in the day; but towards the close of the battle, when Vittoria was abandoned by the enemy, they were all conveyed thither.

Although the spot we chose for the wounded was near the village, we were safe from direct fire, as has been said, yet both half spent musket balls and round shot, that had been misdirected and fired high, occasionally dropped around us; and one of the latter killed two poor men

whose wounds had been dressed, and who were waiting for conveyance to the rear. This casualty sadly frightened a nervous surgeon, close beside these unfortunates, but a mouthful of brandy restored his efficiency.

When the bulk of the wounded at Subijana had been attended to, a pressing message for medical assistance from the surgeons of the first brigade was brought to the staff surgeon. The 50th, 71st and 92nd regiments, composing it, had early in the day been sent to the mountain on our right to assist Morillo's Spainards, who were unable to cope with the strong force there, and were falling back. When the red coats were seen mounting the hill, reinforcements double their strength were hurried from the left of the French position to meet them, and our Portuguese division, which had been in reserve, was despatched to restore the balance. The fighting on this mountain was desperate, and staff surgeon Wasdell directed the writer to proceed as quickly as possible to the assistance of the medical officers of the brigade.

As he was galloping up the hill on this duty a round shot, nearly carried off his head, and he was weak enough for a moment to think it had been fired at himself individually. It certainly passed closer than was agreeable, for he felt its wind, as it is called, within a foot or two of his cocked hat. His horse started with instinctive apprehension, and the writer believes that he also bobbed or bowed instinctively; though, as Napoleon is said to have told his timid guide at Waterloo, the bob might as probably have been *into* the line of the ball's parabola as out of it. At any rate there is a precedent on record, for the great Turenne said he always made it a point to bow to "a gentleman of that fighting family." Yet the illustrious Field Marshal gained nothing by his politeness, for a cannon ball killed him at last.

The possession of this mountain would have exposed and turned the French left, they therefore defended it for a long time with great resolution, and our loss was very severe. Here Col. Cadogan of the 71st, a most gallant officer, was mortally wounded; and the writer saw him in his last moments with his glazing eyes fixed on the retiring enemy.—The numerous wounded here suffered much from thirst, for no water could be found for some hours. The ground too was so rugged and rocky that the spring wagons were unable to reach the scene of action, and men could not be spared to carry them to the rear. They could only be treated as they required by the medical officers, and left on the spot, with scanty covering from the sun, till the battle was over.

The writer continued hard at work with this brigade between two and three hours; and when the enemy were at last driven from the mountain, and his services no longer required, he returned to Subijana. By this time the allies' line had everywhere advanced, several batteries

on the enemy's main position, which had, after its capture, played on the village, limbered up and retired, and it was plain that a general retreat was about to take place. The fire of artillery and musketry, however, had now become much heavier at a distance on our left; and we supposed that Sir Thos. Graham was then attacking the French right, and endeavoring to cut them off from their direct line of retreat to Bayonne by the Tolosa road. This conjecture turned out correct.

The staff surgeon and the medical officers of the brigade had now quitted the sheltered field where the wounded were first collected, and were assembled in a wood on the Vittoria side of Subijana which had before been strongly occupied by the enemy's light troops. Between this and the village was an extensive field of wheat, coming into ear, which we found thickly studded with English killed, and men so badly wounded that they could not move. For, with more bravery than good sense, two hot commanding officers of regiments, when the place was taken, had withdrawn their men from the cover of the houses and led them into the wheat, to fight the Voltigeurs in the wood, exposed at the same time to shot, shells and grape from the enemy's position. No account of this appears in the published despatches of the battle; but it is a fact that three or four hundred men fell needlessly in this wheat, and the loss would have been much greater if General Stewart had not recalled the exposed troops into Subijana.

After eating a biscuit from a wounded man's haversack, not improved in taste by the flavor of gunpowder, and taking a delicious drink of cold water from a spring, the writer recommenced work here which was continued till sunset, when all the wounded that could be found in the wheat field, and in and about the village, including many French, had received surgical assistance, and were sent to Vittoria.

Being obliged to move in advance with the army after the battle, we were uninformed of the individual result, with regard to the wounded we had attended; we only heard that they very generally recovered. But having noted at the time the names and regiments of those who lost limbs by amputation on the field, and subsequently made enquiry as to their fate, we learned with pleasure that nearly all had done well, and this corresponds with the general result of early amputation during the Peninsular War. The comparative comfort and ease of mind felt by a badly wounded man, whose limb requires amputation and is taken off at once, contrasted with another similar case, taken to the rear, materially promotes this good result. And where in civil life the limb might probably be saved, the sufferings of the journey to the rear, in military, the bad roads and the jolting vehicles destroy all analogy of practice.

In those days our amputations were nearly all circular, for flaps were scarcely known in military hospitals, and were only beginning to be used by civil surgeons. When the bone was sawed high up we had excellent stumps, and this appeared to be a point of the greatest importance. Stitches were very rarely used. After tying the arteries the surface of the wound was most carefully sponged, with relaxation of the tourniquet or finger pressure, and then long strips of adhesive plaister, heated often by the sun, sufficed to keep the parts together and promote union by the first intention. In the lower limbs three or four turns of a bandage, a foot or so above the wound, were generally used, to confine the muscles a little and prevent twitching, spasms and retraction. But we eschewed all unctuous applications and much wrapping up, for cool stumps healed best. A fold or two of lint sufficed.

Chloroform was then unknown, but the men generally bore all surgical operations with great fortitude, and this appeared to be a point of honor with them, for the writer has taken off many limbs when he did not hear even a moan.

Flaps, in most cases, appear to be a considerable improvement over the circular operation; but generally, from the great muscular absorption that takes place, they are very deceptive; and the promise given at first of a well covered bone is not kept. Our military amputations were all finished at once; for there was no time for draining before final closing of the stump; and if Liston had been in the army, during war, he would have found his own instructions impracticable in the field.*

When Staff Surgeon Wasdell and the writer finished their work, the second division had advanced several miles, in pursuit of the enemy, on the Pampeluna road. They repacked their panniers, made the bût-man load the mules, mounted their horses, and followed in what they considered the proper direction. They passed the city of Vittoria half a mile to the left, where our dragoons had just captured King Joseph's carriages and baggage, and were now, full in their view, busily engaged in drinking his Tokay and Burgundy, and plundering his treasure. Had Mr. Wasdell and his companion deviated a little *from the right*, locally and morally, they might have picked up a bag of doubloons, like one of their friends, the same evening. This gentleman, (an officer,) on passing a hussar, a little unsteady from draining a bottle of Burgundy, and embar-

* The writer, when left behind at Aire, in March, 1814, to attend his wounded commanding officer, was ordered to take charge of an hospital of French wounded, after the battle of Orthes; their surgeons having abandoned them on our approach. Amongst these were twenty-five men who had lost limbs. Either from original bad surgery, or a journey of twenty miles, or, perhaps, both, the stumps were all pyramidal, with projecting bones, and mostly required re-amputation. In those days, French surgeons, in accordance with Baron Larrey's opinions, did not make union by the first intention, a point of primary importance, and even sneered at our practice in this respect. The case is different now.

rassed in mounting his horse with three heavy bags, offered his assistance. "Thank ye kindly," was the reply; "you are very civil, and look like an honest fellow. There's a bag of money for you, I have too much." And the soldier saluted him respectfully, and cast the munificent present at his feet.

By this time the road to Pampeluna was covered with the wreck of the French baggage; either thrown away by the captors as comparatively worthless, or by the enemy in their hurry and confusion. Parisian novels without number, packs of cards, military pay lists, soldiers' account books, moniteurs, and public and private letters strewed the way, and were scattered over the adjoining fields; and more substantial and valuable articles were not wanting. Live sheep with their feet tied, joints of meat ready for cooking, dead fowl, hams, Bologna sausages, enormous white and black puddings, bags of flour, kegs of brandy, bottles of wine and vinegar, pickles, and such like were spread around in all directions. And webs of cloth, table cloths, napkins, and a variety of articles of male and female attire were mingled in the general *debris*.

After losing all trace of our division, and wandering about an hour or two in the dark, Mr. Wasdell and the writer halted about midnight at an abandoned farm house, near the road. Having stumbled over a live sheep, and a small keg of cognac, most opportunely, themselves and their English but-man, carried them into the house, struck a light, found a stable to put up the cattle, and then explored for something eatable; but nothing was to be found. Soon after, a stray chaplain to the forces, and two or three stragglers of their division arrived; a fire was lighted, the sheep was turned into mutton chops, and as the party were very hungry, scarcely a vestige remained. When the soldiers had eaten their suppers, a temperate allowance of the brandy was distributed, and we lay down where we could, in hopes of a sound sleep. But in this we were at first disappointed, for a party with a wounded officer arrived; and it was late before he was properly attended to, and quiet restored. And so ended a long day's work.†

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† "Never was an army more hardly used by its commander than at Vittoria; the soldiers were not half beaten, yet never was a victory more complete. All the guns, except two, 143 in number, all the artillery wagons, ammunition, treasure, baggage, everything fell into the hands of the victors." Gazan, a French general, said—"We lost all our equipages, guns, treasure, stores and papers. No man could even prove how much pay was due to him; generals and subordinate officers alike were reduced to the clothes on their backs, and most of them were barefooted."—*Napier*.

This battle induced the Austrians to join the Russians and Prussians against Napoleon, in August, 1813; and this may be said to have decided the war.

ART. III.—*Pickings from some of the Parisian Hospitals.* By JAMES BARNSTON, M.D., Edin.; Extr. Member of the Royal Medical Society, Edinburgh; Member (ex. of.) of the Parisian Medical Society, &c.

Art. 1. *Hopital du Midi.*—This was formerly a general syphilitic hospital for the reception of both males and females. The latter were subsequently removed to the Lourcine, and the Hôpital du Midi is now exclusively reserved for males. It contains about 300 or 350 beds, and receives the average number of 3400 patients per annum. It is, like all other civil hospitals, under the direction of the "Administration générale de l'assistance publique à Paris." The physicians to this institution are two, M. Vidal de Cassis, and the celebrated M. Ricord, whom the present age pronounces the most able "*syphilographe*" of modern times. If thousands upon thousands fall the yearly victims of syphilis and its dire consequences; nay, if prevalent error, even among the illustrious "savans" of the profession, lends its blind assistance to confound innocence with guilt, and to increase and magnify the sufferings of erring and unhappy humanity, it is but just to subscribe that tribute due to M. Ricord, who has not only, by profound investigation, acute observation, and sound argumentation, dissipated the dark clouds of error which brooded over the writings of his contemporaries, and even of a Hunter, but who has, by his untiring efforts and most enterprising zeal, in no small measure ameliorated the baneful evils of public prostitution.

The lectures of M. Ricord have long been celebrated, and being well attended by a large number of students, and ably illustrated at the bedside, they form the most powerful medium of diffusing "les véritables doctrines de l'Hôpital du Midi." In following out his researches on syphilis, M. R. has recourse to two methods of investigation. The first is the pure and simple observation of the phenomena, and the second experimentation. So far from inoculation deteriorating, as some maintain, the value of rational diagnosis, it forms, if the results be negative, one of the most precious elements of the latter. M. R. never inoculates from a diseased to a healthy individual, as some have not scrupled to do. He experiments upon the patient himself, and in doing so, maintains he does not give in reality another disease (une maladie de plus). He does not augment the gravity of the accidents with which he was already affected, and lastly, he does not expose him to greater chances of consecutive infection.

Adopting this mode of investigation, M. Ricord combats with great force the doctrine of the identity of cause, nature and consequences of blennorrhagia and syphilis. Hunter admitted the identity of blennorrhagic and syphilitic *virus*. Swediaur was convinced that an individual

affected with blennorrhagia could communicate chancre, and *vice versa*, and many able "syphilographes" of the present day believe, with Hunter, that blennorrhagia is a form of syphilis proper to mucous membranes. It was reserved for M. R. to elucidate and prove by experiment the opposed doctrine of non-identity, as maintained previously by Todd, Bell, and Hernandez. Numerous experiments have conducted him to the fundamental results formuled in the two following propositions.

1. The inoculation, whether upon the mucous membrane or upon the skin, of muco-pus (as of blennorrhagia,) taken from a mucous membrane not ulcerated, is always negative.

2. The inoculation of pus, derived from a chancrous ulceration, *at the period of progress*, is always positive, *i.e.*, it is fatally followed by a chancre, whether practised upon the skin or upon a mucous membrane.

The inoculations performed by M. Bigot, 68 in number, and all giving negative results, go to confirm and corroborate M. Ricord's opinion of the rarity of "syphilitic" or virulent blennorrhagia, and lead to the inference which he draws, viz., that blennorrhagia, of which the muco-pus inoculated does not give place to any result, does not recognise for cause the syphilitic virus. It cannot admit of being traced to a *particular* virus, but may be the result of a variety of common causes; that is to say, it is produced under the influence of most of the causes which determine inflammation in other mucous membranes. In order to blennorhagia, as for every other inflammation, a predisposition is essential, and admitting its special and common cause to be the muco-pus furnished by the inflamed genito-urinary mucous membranes, there are other exciting causes, as uterine catarrh, menstrual flux, error in diet, excess in sexual "rapports," usage of certain drinks, as beer, or certain aliments, as asparagus. (!) It may be even beyond possibility in some cases to recognise the cause, and rather than attempt to trace it to a presumed cause—sexual intercourse taken place 3 to six months previous—it is more rational to admit another cause which rests to you unknown. M. R. only admits a short time (1 to 7 days) to elapse between the application of the cause and the appearance of the first phenomena of blennorrhagia; but he contests the propriety of designating this *incubation*. He explains the interval as resulting from the disposition, and peculiar susceptibility of the tissues subjected to the influence of the cause.

As blennorhagia and syphilis differ as to their causes and nature—the same may be said in relation to their consequences, and yet it is to those analogies observed in the accidents determined by either, that many have attempted to establish their identity. There is no doubt that bubo, one of the accidents determined by syphilis, may follow a simple blen-

norrhagic discharge. The analogy is strong, but that they are essentially identical is disproved by the fact, that bubo, the result of blennorrhagia, strictly inflammatory, has generally very little tendency to suppurate; and when this takes place, it is never inoculable: and M. R. argues, also, that adenitis is infinitely rarer after blennorrhagia. It would be difficult to confound a blennorrhagic epididymitis with a syphilitic sarcocele, or a blennorrhagic ophthalmia with syphilitic iritis, much less establish the identity of these affections; and observes M. R., it is only the pre-occupation of a false doctrine that will determine to find a similitude between the cutaneous affections (as roseola), manifesting themselves during the treatment of blennorrhagia by certain remedies (as copaiva and cubebs), and the special skin diseases, the result of syphilitic saturation of the system.

If then it be maintained that blennorrhagia and syphilis are two affections distant in relation to their causes, nature and consequences, how happened it that constitutional syphilis has in so many instances been traced, or attempted to be traced, to a simple blennorrhagia? M. Martin's observations upon syphilitic patients shew, that out of 60, 46 were traced to antecedent chancre, the remaining 14 were stated as the result of blennorrhagia, not, however, upon positive evidence, but barely upon the testimony of the patients themselves. Was there not in these cases, as in all others of a like kind, where blennorrhagia has been believed the point of departure, *(point de départ,)* something additional, the existence of which would readily account for so serious affection of the system. This, M. R. maintains, and nothing less than urethral chancre. He is firmly convinced of the existence of the urethral chancre (larvé) not only by repeated experiment but also by pathological anatomy, which has in two cases at least verified the positive evidence of inoculation (clinique ichnographique). In cases of constitutional syphilis, accusing blennorrhagia as point of departure, the urethra has been the seat of chancre, the fatal and obliged antecedent.

Maintaining then the existence 1st. of blennorrhagia simple and benign, and 2nd. of blennorrhagia *virulent*, symptomatic of urethral chancre, is it possible to establish a differential diagnosis? Besides the means of rational diagnosis, this may be attained by artificial inoculation which, if the results be positive, furnishes the sign or evidence the most absolute and irrefragable. In order, however, that the test of inoculation be of value as a means of diagnosis, certain precautions are necessary to correctness; such as the repetition of the operation, the choice of the secretion, and the age and condition of the ulcer. This latter is important, because at a certain period the ulcer passes to a state of simple ulceration, and ceases to furnish specific pus. Should, then, the

muco-pus derived from the urethral discharge furnish by inoculation the characteristic pustule, one may affirm without possible error 1st. that the blennorrhagia is virulent, and 2nd. that there exists a urethral chancre in a state of progress and specificity. If, however, the results be negative, inoculation still forms a most valuable item in the elements of rational diagnosis.

(To be continued.)

ART. IV.—*Medical Institutions of Paris.* By W. Hales Hingston, M.D., L.R.C.S.E. Member of the German Society of Naturalists and Physicians; Member of the Société Médical Allemande de Paris, &c.

There are few cities, if any, of modern times presenting the same advantages of witnessing on a large scale the diseased portion of humanity, and the attempts for their alleviation, as does the French capital.—Paris has within its walls not only its own sick, but the sick of the surrounding country, and in many cases of the Provinces. *Les meilleurs hopitaux, les meilleurs medecins, les meilleurs chirurgiens sont à Paris,* forms an integral part of every Frenchman's belief from the Pyrenees to Calais; and judging from the number of young physicians from Britain and America who there pass a year or two before entering on their professional duties, it would seem that the Frenchman's opinion is shared extensively by those *ultra mare.* Whether we are to review the long list of names rendered immortal by their well directed efforts to abridge human suffering, to enumerate the large number of hospitals for the reception of the sick, or gaze on that army composed of *les heros de la science* still above the sod or lately laid beneath it, we are compelled *nolens volens* to admit the greater part of the claim of that Parisian, who styles his city *la ville par excellence des arts, des sciences, et de l'industrie.* So great indeed is the "material" for the pen of the medical historian, that upwards of 50 vols, some of them portly folios, have been written on this subject—institutions, &c. It must not be expected, therefore, that in a periodical whose pages are filled with matter of greater practical interest more than a hurried glance can be given. I will pursue a course somewhat novel in arrangement; instead of taking each *arrondissement,* and describing the several hospitals contained therein, I will commence with those in which the infant first draws the breath of life, follow it to those institutions prepared for its reception when overtaken by disease and indicated by the nature of that disease, thence to the

houses of refuge for the aged and infirm, and finally to its last resting place, and perhaps pay it a visit after it is there. I shall introduce in the course of my remarks, in connection with a few of the hospitals, some observations on the physicians and surgeons whose *cliniques* I followed. It is now nearly twelve months since I quitted the scenes I am now about to revisit in retrospect. I must claim the reader's indulgence if I state what may clash with their preconceived notions.—In alluding to the management of hospitals and to some of the individuals attending them, I will glean from a few notes taken at the time and written in as candid and liberal a spirit as intuitive likings or dislikings would permit. At this distance of time, short though it be, I cannot venture to retouch—*mais entrerons en matière.* I will begin with the largest Lying-in Hospital in Paris,—L'Hospice de la Maternite, an abbey in A.D. 1204, which was founded by Matthew de Montmorency; converted into a prison in 1793; destined by a decree of the National Convention of the year IV. to receive the nurses and children formerly placed at the *Val de Grace;* and converted into an hospital for pregnant women in 1814. Patients are admitted after having completed their eight month, or before that period if in danger of immediate delivery. It contains 530 beds, of which 223 are set apart for expectant parturients, 133 or thereabouts in form of small cabinets for women in labor. There are 11 beds for the nurses and 94 for apprentice midwives, besides 80 cradles. There is a special room for those who feel the first pangs of labour, where they remain until it is thought time to remove them to the room they are to occupy during their accouchement.

None but females are allowed to study as midwives. They are under the *surveillance* of under mistresses, assistant midwives, and the midwife *en chef.* Women in labour are attended by the female students. The latter are taught the theory as well as the practice of midwifery, vaccination, bleeding, and the doses and properties of those plants required during pregnancy and parturition.

When a female presents herself to be admitted as a pupil, she is required to give proof of being able to read and write well; to produce a certificate of birth and of marriage, if married, or if in widowhood the date and circumstances of the death of her husband; also, a certificate of good morals by the mayor of the district, which certificate requires to mention the condition of father and mother, and of her husband if she has one; and lastly, a certificate of vaccination or of having the small pox. During pupilage females are allowed to go out only six times during the year, and then only when accompanied by their father, mother, husband, or some friend particularly mentioned. No female is al-

lowed to commence her studies when pregnant. They are required to study from the 1st July to that time twelvemonth, when the examination takes place and prizes are distributed. The charge for twelve months amounts to £27 17s 6d sterling, of which £24 is for board, the remainder for washing, books and instruments. This must be paid quarterly in advance. Those recommended by the prefets of their respective departments are educated gratuitously.

The physicians attending the institution are *Moreau* and *Gerardin*—the former, author of a work on Midwifery published in 1830, also of the "*Accoucheur en vogue,*"—and the latter of a treatise on cholera.

The accoucheurs are *Dubois*, accoucheur to the Empress *en cas de besoin*, and son of the accoucheur to Maria Louisa, and *Danyan*. The *accoucheuse en chef* is Madame Charrier, an exceedingy intelligent, active woman, every way qualified for the fit discharge of her duties.

By strict attention to cleanliness, by placing each patient in a separate bed, the proportion of deaths has considerably diminished. Thus, in the *Hotel Dieu*, before the establishment of the Maternité, where four, and more even, were placed in the same bed, the pregnant with the delivered and those in labour, the mortality averaged 1 in 13. Now it is one in 191. In 1850, the *accouchees* numbered 5786, of whom 302 died.

To be continued.

ART. V.—*Death from Uterine Hemorrhage.* By WILLIAM MARSDEN, M.D., Governor of College of Physicians and Surgeons of Lower Canada.—*(Concluded.)*

I will now endeavor briefly to trace the grounds on which the opinions were based, that the hemorrhage was purely the result of abortion, or miscarriage, at an early period of gestation; and that abortion was not induced by any act of the prisoner.

The first of these is, the period.

The second, the nature and extent of the hemorrhage.

The third, the seat and character of the uterine pains.

The fourth, the temperament, habits and diathesis of the deceased; and

Lastly, the post mortem appearances of the uterus and its appendages.

With regard to the period:—The experience of obstetricians, and the writings of accoucheurs on the subject, fix the regular menstrual period as the most common at which abortion occurs. Just eight weeks had elapsed since the deceased had been brought to bed prematurely with

mislactation. *a* "Abortion most frequently occurs during the first two or three months of pregnancy." Again (*b*) Conquest says, "premature separation and expulsion of the ovum occurs more frequently at the sixth, tenth, and twelfth weeks, and at the seventh month." He therefore advises women so disposed, sedulously to avoid the exciting causes of abortion at the above named periods of gestation. In support of these opinions, Churchill says (*c*), "The expulsive action of the uterus may be exerted at any period of gestation, though it appears more easily excited at or previous to the third month, on account of the frailty of the connexion between the ovum and decidua. It is also more liable to occur at the beginning of each month, corresponding to a menstrual period, than during the interval, in accordance with the periodicity peculiar to the female generative system." Ramsbotham adds, *(d)*, "We may lay it down as a principle, that early abortions bring with them but little danger; yet this proposition is by no means without its exceptions. Many women I have seen suffering from the worst symptoms of hemorrhage, under abortions at very early periods. Two of the minutest ova that I ever procured, I removed from the same patient on different occasions, in consequence of the danger produced by flooding. The first time I was called to her, I found her miscarrying in the seventh week; and I scarcely ever saw a woman in so great peril as she appeared to be, recover. Not only were the bed and mattress on which she lay soaked with blood, but having run through, it lay in a pool upon the floor. She was perfectly senseless, &c." (*e*) He adds, "We have just learned that occasionally, though certainly rarely, hemorrhage, to an alarming extent, accompanies even early abortions: and when this happens we must pay no regard to the preservation of the ovum, &c., but direct our entire attention to the woman's safety."

I will only make another from among a large number of extracts in corroboration of these opinions. Meigs says (*f*), a woman is most liable to abortion at periods coinciding with the menstrual effort, and there is good reason to believe that a great number of abortions do take place at these conjunctures.

Of the nature or quality and extent of the hemorrhage which was inordinately copious in the case of the deceased, and consisted of coagula-

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(*a*) Moreau's Practical Midwifery, Cary & Hart's editions, 1844, page 208.
(*b*) Conquest's Outlines of Midwifery; 5th London edition, 1831, pp. 54 and 55.
(*c*) Theory and Practice of Midwifery, Third Amer. edition. Lea & Blanchard, Philadelphia, 1848, page 179.
(*d*) Ramsbotham's Principles and Practice of Obstetric Medicine and Surgery, Fifth Am. edition. Lea & Blanchard, 1849, page 486.
(*e*) Op. citat., page 491.
(*f*) Meigs' Obstetrics. Lea & Blanchard, 1849, page 213.

ble blood, and not of the ordinary menstrual secretion, the written authorities favor the opinions of the evidence for the defence, and are most numerous. The reader must here bear in mind that the post mortem examination showed no organic lesion whatever; Dr. Martin having "attempted to discover some arteries, from the rupture of which so great a quantity of blood escaped, but without success."

When abortion occurs during the first two months, we can only distinguish it from excessive menstruation, by the blood coagulating, an appearance seldom witnessed in the menses (*g*). Burns adds (*h*), that the menstrual discharge "appears to be yielded by the uterine arteries, but is not an extravasation or hemorrhage, for when collected, it does not separate into the same parts with blood, neither does it coagulate."

One other extract from the same author will suffice for this part of the subject (*i*). He says, "hemorrhage from the uterus is different from copious menstruation, and is generally dependent either upon the remote or occasional causes which produce hemorrhage from other vessels, &c."

That the extent of hemorrhage was sufficient to cause death, and was the real cause of death, all the witnesses testified and agreed, but not so as to the cause of the hemorrhage. Every medical writer that I have met with states uterine hemorrhage to be a not unfrequent cause of death. On this point Burns *(j)* says, "the blood pours out with such rapidity, that in a few minutes the patient may be destroyed:" and another writer adds, (*k*), every discharge of blood which occurs during labor, may, if copious, endanger the existence of mother or child, sometimes of both. Again, at whatever period of pregnancy hemorrhage may supervene, it is always to be regarded with great anxiety.

Again, Ryan *(l)* says, in speaking of abortion, "Besides, it may lay the foundation of many chronic diseases, *or at once destroy the female by hemorrhage.* And Churchill adds *(m)*, very alarming hemorrhage may precede or accompany abortion.

The seat and character of the pains of which deceased complained were evidently uterine. The last cited writer says in the same page as just quoted, "when threatened with miscarriage the patient generally experiences a sense of uneasiness, languor and weariness, *with aching or pain in the back.*"

The following (*n*) is most applicable to the case of deceased. Gene-

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(*g*) Regan's Manual of Midwifery, First American from Third London edition. Burlington, 1835, page 324.
(*h*) Burns' Principles of Medicine. London, 1809, page 95.
(*i*) Op. citat., page 102. (*j*) Op. citat., page 289.
(*k*) Moreau, op. citat., page 167.
(*l*) Ryan, op. citat., page 325. (*m*) Churchill, op. cit., page 183.
(*n*) Burns, op. cit. page 168.

rally when the decidua is thrown off, before the embryo has entered the uterus, *the discharge is more* in proportion *than the pain*, which is not of the expulsive kind, but *is felt chiefly in the back*, resembling the sensation accompanying menstruations, but greater in degree. At page 171 he says, "rest is absolutely requisite in all cases of threatened abortion. The woman must be laid in a recumbent position, and remain as quiet as possible." The temperament, habits, and diathesis of deceased all marked her as the unfortunate victim of uterine hemorrhage. She was of sanguine temperament, hemorrhagic diathesis, and her habits were of the worst possible description, and character turbulent, violent, irascible, inebriate. On the morning of her decease she had fallen and tumbled about in a disgusting state of intoxication. Not the slightest ill treatment had been proven on the part of the prisoner who had only once "pushed her" to get her into the house in order to prevent her from exposing her uncleanness.

"Among the accidental causes of abortion may be enumerated blows, *falls, violent concussions*, sudden or *excessive exertions*, &c., (*o*) and among moral causes mental emotions, *anger*, joy, sorrow, &c."

"The accident may be occasioned by external force—such as *falls*, blows, &c., as well as by violent emotions and passions of the mind; as fright, surprise, *anger*, joy or grief." (*p*) Moreau mentions among the occasional causes (*q*) blows, *falls*, &c., and the passions, lively emotions, joy, *anger*, fear, &c.," and among the exciting causes he names (*r*) "emenagogues, drastic purgatives, and *stimulants of all sorts*." Conquest also condemns the use of stimuli. (*s*) Burns says (*t*) "the action of gestation may be stopped prematurely by many causes. The separation of part of the ovum from the uterus, *by mechanical violence*, such as *a fall*, or a blow, &c.," also (*u*) "*violent passions of the mind* very often produce abortion." Ryan also states that (*v*) "*falls*, blows, or external injuries of any kind on the abdomen may separate the placenta and produce the expulsion of the uterine contents. Pregnant women should avoid long walks, hastily running up stairs, lifting heavy weights, unpleasant sights, heated rooms, *stimulating or warm drinks*, &c."

Fearing that I have already trespassed too long on your patience, as well as that of your readers, by the numerous extracts I have made,—although they are not a tithe of those that present themselves,—I will conclude by merely referring to the post mortem appearances of the uterus and os-tincæ. The bloodless condition of the uterus, and the di-

(*o*) Churchill, op. cit., page 182.
(*p*) Ramsbotham, op. cit., page 485. (*s*) Conquest, op. cit. page 54.
(*t*) Burns, op. cit., page 169. (*u*) Op. cit., p. 170. (*v*) Ryan, op. cit., p. 325.

latation of the os-tincæ clearly established the correctness of the conclusions on which was based the testimony of the witnesses for the defence, and upon which the jury grounded their verdict. I trust, however, that I have said enough to convince you and them of the correctness of my opinion, and that the unhappy woman was the victim of her own unbridled passions and licentious habits, which had well nigh been the cause of her husband's death as well as her own, and that the verdict of the jury was justified by the evidence.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

I.—*The Preservation of Health:* with remarks on constipation, old age, use of alcohol in the preparation of medicines. By JOHN C. WARREN, M.D., Emeritus Professor of Anatomy and Surgery in Harvard University. Pp. 140. Boston: Tickner, Reed & Fields. Montreal: B. Dawson.

Dr. Warren has long advocated the importance of attention to diet, exercise, clothing, in short, to all that may be included under the head of personal hygiene. He was among the first in the United States to point out the evils arising from a neglect of "physical education." That faulty system of education which was in vogue some fifty years ago, which countenanced long hours, long lessons, constrained position of child during school time, and which repressed, as unseemly, all manifestation of that exuberance of spirit so natural to youth, received repeated attacks from his vigorous pen. Great and beneficial, however, as have been the reforms effected of late years, in the management of schools, many abuses still exist. There is still too much hot-bed forcing—too much competition countenanced in our private, aye, and public educational institutions. The plan adopted by many teachers, of distributing prizes as awards to those who excel in their different classes, is most pernicious in its tendencies. It is destructive alike to mind and body. How much of envy, hatred and jealousy are generated in the minds of the many who have struggled, but struggled unsuccessfully, for the promised prize. What pride and vain glory are securely planted in the genial soil of the young heart of the successful competitor. Passions of our nature, which it should be the object of all educators (secular as well as religious), to keep in constant check, are thus called into action, fostered, and made to strike deep root in the youthful mind. The close application to study, and the great anxiety experienced as to the results

of the examinations, are sure to react injuriously on the body of the young aspirant to honors. Premature death has, in too many instances, been the result. Parents and teachers follow the remains to the grave, lamenting greatly that a life of such rare promise should so soon be terminated, without even for one moment surmising that themselves have been mainly accessory in bringing about the sad event. Many fine intellects, moreover, are irretrievably injured. The brain is a physical structure, and is liable, in common with the other physical organs, to be permanently affected by being overtaxed. This serves to account for the patent fact that the "prize-men" of universities seldom exhibit in after-life those powers of mind, which their early brilliant successes warranted their friends in expecting of them; whilst the unnoticed scholar oft-times rises to literary eminence and distinction.

We would advise all who desiderate a robust manhood and a hale old age, to carefully peruse and put in practice the excellent precepts contained in Dr. Warren's treatise.

II.—*Lectures on the Diseases of Infancy and Childhood.* By CHAS. WEST, M.D., Fellow of the Royal College of Physicians; Physician to the Hospital for Sick Children; Physician Accoucheur to, and Lecturer on Midwifery at Saint Bartholomew's Hospital. Second American from the second and enlarged London edition. Pp. 486. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The present edition of Dr. West's lectures contains the results of 640 observations, and 199 post mortem examinations, made among 16,276 children, during ten years' connection with the Children's Infirmary, Lambeth. The entire work has been subjected to careful revision, and about fifty pages of new matter added to it. Several formulæ have been introduced and scattered through the text. Dr. W. is now one of the physicians to the Hospital for Children lately erected in London, and we know of no man more likely to profit by the excellent opportunities afforded by this institution for the correct observation of diseases of children, or one better able to present the results of his labors in a clear, comprehensive manner before the profession. This treatise is such a decided favorite with the profession generally, we think it unnecessary to do more than merely direct the attention of our readers to the fact that a reprint of the second and improved London edition has been issued by those enterprising publishers, Messrs. Blanchard & Lea.

CLINICAL LECTURE.

Clinical Lecture on Pyrosis, or Water-Brash. By George Budd, M.D., F.R.S., Professor of Medicine in King's College, London.

(From Medical Times and Gazette.)

Another variety of stomach disorder, well defined by its symptoms, is *pyrosis* or *water-brash*.

What serves to distinguish water-brash are fits of heartburn—that is, of a burning sensation at the pit of the stomach, or extending from the stomach to the fauces—followed by the rejection of a liquid, thin and colourless like water, which seems to be forced into the mouth by a kind of ruminating action of the stomach and œsophagus.

The term pyrosis expresses merely the sensation of burning; the popular terms, "water-brash" and "water-pang", are meant to express the combination of the two symptoms that distinguish the disorder—the sensation of burning, and the rejection of the liquid.

Water-brash sometimes results from a palpable source of irritation in the stomach itself, or in some organ that can much affect the stomach by sympathy.

It now and then occurs in organic diseases of the stomach, especially cancer and simple ulcer.

It occasionally results from pregnancy, in which case the disorder often continues till the womb delivers its burden.

Dr. Watson has spoken of a case in which it seemed to be owing to an enormous liver which pressed upon the stomach.

But it often occurs when there is no serious disease of the stomach, nor any palpable cause of disturbance elsewhere, and constitutes the most characteristic symptom of a gastric disorder, which has always been very common among the poor in the northern countries of Europe, where its prevalence seems to have been mainly attributable to unwholesome diet.

It is less frequent in towns than in rural districts, but still is not uncommon among the dispensary patients in London, especially the women, who have bad and insufficient food, and at the same time live much indoor, and are subject to many other depressing influences.

A good description of this endemic water-brash has been left us by Cullen, who saw much of it in Scotland. He says:—

"The fits of this disease usually come on in the morning and forenoon, when the stomach is empty. The first symptom of it is a pain at the pit of the stomach, with a sense of constriction, as if the stomach was drawn towards the back. The pain is increased by raising the body into an erect posture, and therefore the body is bended forwards. The pain is often very severe; and, after continuing for some time, it brings on an eructation of a thin, watery fluid in considerable quantity. This fluid has sometimes an acid taste, but is very often absolutely insipid. The eructation is for some time frequently repeated, and does not immediately give relief to the pain which preceded it, but does so at length, and puts an end to the fit."

In the next paragraph Cullen says, "It is often without any symp-

toms of dyspepsia." This statement, however, is not perfectly correct. The water-pang is often the only ailment complained of, and the disorder is popularly known by this name; but generally flatulence and other evils of feeble digestion co-exist with it.

The disorder varies very much in duration and degree. In some cases it occurs only occasionally, and for a short time; in others, it continues, with occasional intermissions, for months or years. In some cases, there is only an ounce or two of fluid rejected at a time, and this seems to be secreted in the mouth only; in other cases, as much as a pint or more is rejected daily, for months together, by distant efforts of rumination, which sometimes pass into vomiting.

The disorder most frequently occurs in states of anæmia, and by impairing digestion and causing a drain from the system, tends to produce further debility, so that when it is severe, and has lasted long, the patient is usually pale, and thin, and weak, and out of spirits.

The fluid is, as I have said, thin and colourless, and looks very like saliva. It is generally slightly alkaline, and almost tasteless, but sometimes, even in persons in whom it is commonly insipid, it is sour. When alkaline or insipid, it has the character of saliva, which is probably its chief constituent; when sour, it contains some of the gastric acids. The character of the fluid depends very much on the time at which it is ejected. The fluid ejected soon after a meal is commonly alkaline, and probably consists chiefly of saliva, the alkalinity of which increases during the process of digestion; the fluid ejected towards the completion of digestion is frequently sour.

It has often been a question. What is the source of the fluid in pyrosis? Does it come from the stomach, or from the pharynx and œsophagus, or from both these sources at once?

Some persons have, indeed, supposed, from the resemblance which the fluid has to saliva, and from the effort of vomiting or rumination that attends its rejection, that it might come from the duodenum or the pancreas. But such a supposition is scarcely admissible. As Dr. West, who has published an admirable treatise on Pyrosis, has well observed, fluid could hardly be forced up from the duodenum into the mouth, without more violent efforts than attend the rejection of the fluids in pyrosis; and, if the fluid secreted by the pancreas were so forced up by an inverted action of the bowel, the fluid secreted by the liver, which is poured into the intestine at the same spot, must be forced up as well. But the fluid of pyrosis, though often sour from containing some of the gastric acids, is never bitter, and never tinged with bile.

The fluid must, then, come either from the stomach, or from the œsophagus or mouth, or from both these sources at once.

There can be little doubt that, when the fluid is acid, it consists, at least in part, of acids secreted or formed in the stomach: but there is reason to believe, that, when it is alkaline, it is derived chiefly, if not exclusively, from salivary and other glands in the mouth and pharynx, and that it is secreted under the influence of an uneasy sensation in the stomach, which is especially felt when the stomach is empty.

In a former lecture I remarked, that irritation of the fauces may excite the secretion of gastric juice; and that Spallanzani, by tickling his own fauces in the morning before breakfast, when the stomach was

doubtless empty, obtained gastric juice enough to perform some experiments on digestion, of which he has given an account. There can be little doubt that certain kinds of irritation of the stomach may excite the action of the secreting follicles of the fauces.

All authorities on the endemic water-brash agree with Cullen, that it is much more frequent in women than in men, and much more frequent in grown-up persons than in children.

It does not prevail equally at all seasons, but is much less frequent in summer than in winter and spring.

In Scotland, it has long been generally ascribed—and I believe rightly—to the diet of the poor, consisting too exclusively of farinaceous food. The supposition that the disorder is so produced explains its prevalence among the poor in the rural districts in Scotland, in North Wales, and in the north and west of England, where oatmeal or barley-bread is—or rather was until lately—for some months in the year one of the chief articles of subsistence with the poor. It explains the general exemption of the rich, who have a more nutritious and a more varied diet. It explains the fact, that, even among the poor, the disorder has been much more frequent in rural districts than in London and other large cities, where the poor have eaten wheaten bread and consumed larger quanties of animal food.

The circumstance, that the disorder has prevailed chiefly in the northern countries of Europe, where spirits are plentifully drunk, has led to the belief expressed by most writers on the subject, that spirit-drinking has had great influence in bringing it on. There can be little doubt that the intemperate use of spirits, by causing a catarrhal condition of the stomach, and uneasy sensations in the stomach when it is empty, occasionally produces water-brash; but the supposition that the water-brash has been endemic in the northern countries, is attributable to this condition is hardly reconcileable with the fact, that the disorder has always been very much more common in women than in men, while men have been doubtless the chief consumers of spirits.

The circumstance, that the disorder has prevailed chiefly in the northern countries of Europe, and that it has been there less frequent in summer than in winter and spring, has also led to the supposition that cold and wet have great influence in bringing it on. The supposition is most probably true. The combined influence of cold and wet, by deranging the chemistry of the body and by checking the action of the skin, is often instrumental in rendering the secretions of the stomach unhealthy; and when a catarrhal or a very acid state of the stomach exists, it is very important, with the view of removing it, to keep up the action of the skin. But the greater prevalence of the disorder in the northern countries and in cold seasons is probably attributed in much greater degree to the influence of diet. In warmer countries, the poor inhabitants live, indeed, on vegetable food, but not so exclusively on coarse farinaceous food as the agricultural poor in the north of Europe. The fact that in Scotland, and in the north of Europe generally, the disorder gets less frequent as summer advances, may be in great measure owing to the circumstance, that milk is then more abundant and more largely consumed by the poor. It has been shown of late, that milk has great efficacy in preventing and curing scurvy. Milk, the sole food of the young

of mammalia, contains all that is requisite for the growth and nutrition of the body, and will doubtless remedy many disorders engendered by a diet wanting in some of the elements required for healthy nutrition.

It would seem, then, most probable that the disorder in countries in which it is endemic, is mainly owing to the influence of climate and to the diet of the poor not being sufficiently varied, and consisting too much of coarse and innutritious farinaceous food.

But if such be the main causes of the disorder, there are, doubtless, various other conditions that assist in bringing it on. Most of these may be classed under two heads:—

1. Excessive labour, insufficient clothing, loss of blood, and all other conditions that tend to exhaust the body.

2. Pregnancy, constipation, anxiety, and other conditions that tend to disorder the functions of the stomach.

We have already seen that water-brash occasionally occurs in a high degree in the wealthy classes, especially in women, where it cannot be ascribed to any peculiarity in diet, and seems to be owing solely to such conditions as these.

Pyrosis, then, considered with reference to its exciting causes, is of two kinds:—

1. That which has been termed by some writers *symptomatic* pyrosis, which is brought on (without any peculiarity in diet) by pregnancy, or some other condition that disturbs the functions of the stomach.

2. That which has been termed, in contradistinction to the former, *idiopathic* pyrosis, which prevails chiefly among the agricultural poor in rural districts, and which seems, in most cases, to be mainly owing to defective diet.

Many conditions conspire to render the disorder much more frequent in women than in men. Women are much more frequently in states of debility from the nature of their constitutions and from their having in suckling and in excessive or unnatural uterine discharges, causes of exhaustion from which men are exempt; they have also more excitable nervous systems, and, in consequence, the functions of the stomach in them are more apt to be deranged by mental influences and by disease in other parts of the body; and, among the lower classes, they have generally a less nutritious diet, since the men, in order to support their more laborious work, take or have accorded to them a larger quantity of animal food and of malt liquors than is consumed by the weaker sex.

In the treatment of water-brash, our first endeavour should, of course, be to remove the conditions that may seem to have brought it on or to maintain it.

If the disorder should seem to be caused mainly by a diet not sufficiently nutritious, or consisting too much of farinaceous substances, the most effectual remedy will be a wholesome nourishing diet, containing a proper quantity of animal food *in its most digestible form*. Little permanent benefit can, indeed, be expected from medicine unless the diet is improved.

If the disorder should seem to have been induced, or to be kept up, wholly or in part by fatigue, it is very essential that the patient should rest; if by constipation, that this condition should be removed by purgatives, such as aloes or colocynth, that do not offend the stomach.

After these points have been attended to, much further good may be done by medicines.

The medicines that have been found most useful in pyrosis are—

1st. Medicines which have an astringent action on the coats of the stomach. Among these may be classed bismuth, lime-water, and the vegetable astringents—kino, catechu, krameria, logwood.

2nd. Sedatives, especially opium and the salts of morphia, which probably also tend to restrain undue secretion by the mucous membrane, but which are chiefly of use in allaying the gastralgia that attends pyrosis.

Medicines from these two classes may often be combined with advantage. Five grains of bismuth with a twelfth of a grain of the muriate of morphia, or five grains of the compound kino powder, or an efficient dose of catechu, krameria, or logwood, with opium, may be given two or three times a-day.

3rd. Some other medicines have obtained repute in pyrosis which cannot be classed with the preceding. They have most of them an astringent action on the coats of the stomach, but act, directly or indirectly, on the nervous system as well.

The chief of these are nitrate of silver, which may be given in pills, in doses of half a grain, three times a day; nux vomica, which may also be given in pill, in the dose of from three to five grains, three times a-day; quinine; and the mineral acids.

Some of the medicines I have mentioned have been popular remedies for pyrosis in districts in which the malady has prevailed.

It is stated that nux vomica is a popular remedy among the Laplanders, to whom it was recommended by Linnæus, and that lime-water was some years ago a popular remedy among the rural population of North Wales.

4th. The disorder is often connected with anæmia, and steel is of great service both in removing it and in preventing its recurrence.

The medicines of which I have had most experience in disorders of this class, and which are probably as efficacious as any, are bismuth, with morphia; krameria and logwood, with opium; and steel.

THERAPEUTICAL RECORD.

(From British and Foreign Medico-Chirurgical Review.)

Angina Pectoris.—M. Carriére (Bull. de Thèrap., i. p. 7) has recommended the inhalation of chloroform, at the commencement of the paroxysm. Duchenne (Ibid.), in his addition to this measure, has employed with advantage the "electro-cutaneous excitation" in the mammary region.

Cataract.—M. Lopez (Bull. Gèn de Thèrap, 1854, ii. p. 89) has employed with advantage iodide of potassium taken internally, and vesication on the temples, in cataract. The treatment was persevered in for five or six months, and in 3 cases out of 4 was productive of great benefit.

Chloroform.—Dr. Hardy (Dublin Journal, Nov.) relates cases to show the efficacy of chloroform vapour directed upon the part in uterine affections. The vapour is applied by means of an instrument consisting of a metallic chamber, to one end of which a pipe with a valve is attached to the gum-elastic bottle. A sponge dipped in chloroform is placed in the metallic chamber, and then by pressing on the elastic bag, the vapour is expelled through the pipe. In cases of carcinoma and simple ulceration of the os uteri, this plan appears to be very efficacious; but it is useful also in pruritus pudendi, in sore nipples, and in other painful affections of the skin.

Fever, Intermittent.—Dr. Harting (Schmidt's Jahrb, 1853, ix.) has employed quinoidine with alcohol and sulphuric ether in ague, and, from twelve years' experience, states that it is superior to common quinine.

Dr. Castiglioni (Schmidt's Jahrb., 1853, ix.) has used the tannate of cinchona; it requires to be given in larger doses than quinine, but is much less expensive.

Fever, Typhoid.—M. Vrancken has recommended in typhoid fever, ablutions with vinegar and water. Mr. Van Dromme (Rev. Med. Chir., Jan. 1854,) has employed this treatment largely, and with great success. He uses 1 part of vinegar to 3 of water, applied with a sponge over the whole body night and morning. The diet is very low; pure or slightly acidulated water is permitted to be drunk *ad libitum*. Of 20 cases treated in this manner, 1 died. M. Vrancken also employed the acetate of ammonia internally, but this is regarded as useless by M. Van Dromme. Chomel has also recommended the vinegar ablutions.

PERISCOPE.

Sur la position à donner à la femme pendant l'accouchement. Par M. Hubert.—Le décubitus dorsal usuel en France, ou le coucher sur le côté, préféré en Angleterre, ou bien encore la pronation sur les coudes et les genoux, ne constituent-elles qu'une question d'habitude, qu'une affaire de mode ou de mœurs nationales? Chacune de ces attitudes ne satisfait-elle pas, au contraire, à une indication réelle? C'est ce que pense et ce qu'a fort bien démontré M. Hubert.

Selon lui, dans le cas de version à opérer, par exemple, si l'enfant, présentant l'épaule, a le ventre tourné en arrière, il vaut mieux laisser la femme sur le dos; la manœuvre n'en sera que plus aisée.

Mais si le fœtus a le ventre en avant, ses membres pelviens se trouvant contre la paroi antérieure de la matrice, alors, en faisant rester la femme sur le dos, l'accoucheur ne peut parvenir aux pieds qu'en portant la main en pronation et fortement en avant; ou, si les eaux sont écoulées, si surtout le ventre est en besace, l'arcade pubienne comprimant l'avant-bras l'aura bientôt engourdi, le rendra incapable d'agir, l'empêchera de pénétrer aussi avant qu'il est quelquefois nécessaire.

Loin de là, si vous placez la femme sur les genoux et les coudes, la main, en supination, n'a qu'à suivre presque en ligne droite et horizontalement d'arrière en avant, les parois antérieures du bassin et de l'utérus, ce qui s'opère très facilement.

Mais cette situation, outre ce qu'elle a de blessant pour la pudeur des femmes, étant assez gênante à conserver, voilà comment, dans le cas spécifié, M. Hubert parvient a réaliser tous les avantages qu'elle donne, sans néammoins l'imposer à la patiente. Il laisse la femme sur le dos jusqu'à ce que la main droite ait franchi le col de la matrice ; il fait alors fléchir la cuisse et la jambe droite de la malade, puis, pendant qu'elle se tourne ou que des aides la font tourner *sur son flanc gauche,* il fait passer le membre fléchi au-dessus de son bras droit, et se trouve ainsi du côté du dos. Il peut alors longer la paroi antéro-latérale gauche, et même la paroi antérieure de la matrice, pour aller à la recherche des pieds. Ceux-ci, ramenés à la vulve, il replace la femme sur le dos.

Par cet ingénieux procédé, M. Hubert tire de l'attitude en pronation tous les avantages qu'elle peut rendre, sans l'imposer cependant à la patiente. Il cite plusieurs cas où, grâce au secours de cette manœuvre, tel confrère qui ne parvenait pas à toucher les pieds du fœtus a pu les atteindre lorsque la main, secondée par ce changement de position, a pu pénétrer plus avant.

Pour la délivrance, si, malgré la poulie de renvoi, les tractions se perdent contre la paroi antérieure du col et ne peuvent pas faire sortir le placenta, il faut coucher la femme sur l'un de ses côtés, se placer derrière elle et tirer simplement vers soi. S'il n'y a pas d'adhérence anormale, ces tractions, devenues à peu près parallèles à l'axe de la matrice et à celui du détroit supérieur, amèneront facilement la délivrance. *(Ann. med. de la Flandre occidentale.)*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

COLLEGE OF PHYSICIANS AND SURGEONS, C. E.—SEMI-ANNUAL MEETING.

The Semi-Annual Meeting of Board of Governors of the College of Physicians and Surgeons of Lower Canada, was held at Montreal on the 9th May, 1854, when were present:—Drs. Holmes, Chamberlin, Fowler, Glines, Brigham, Sewell, Jackson, Frémont, Russell, Marsden, Badeau, Sabourin, Weilbrenner, Dubord, Valois, Bouthillier, Johnson, Campbell, Munro, Bibaud, Sutherland, Jones, and Peltier.

Dr. Holmes, the President, took the chair.

The minutes of the last semi-annual meeting were read and approved.

A letter from Dr. Gibb, London, was read, in which he suggests to the board the advantage of changing the present title of *member* into that of *fellow.* The board thinking that the change was unnecessary no action was taken.

Mr. Cole presented a diploma of the College of Surgeons of Edin-

burgh, and wished that the board should grant him the Provincial license without examination. This was accepted provided Mr. Cole submitted himself to an examination on medicine only.

The Secretary then called the attention of the board to the fact that several gentlemen presenting for examination to obtain their license had not completed the curriculum of studies required by the statutes, but have written proofs of having begun their medical studies previous to 1847. The board discussed the question with all due consideration, and it was then proposed by Dr. Sutherland, seconded by Dr. Peltier :—"That no certificate of medical study prior to July, 1847, be received in palliation for deficiency of studies as required by our statutes." This motion was unanimously carried.

Drs. Chamberlin and Jackson were appointed to examine the Treasurer's accounts, which were reported to be quite correct.

The following gentlemen with University Degrees were sworn and granted their licenses:—J. Barnston, M.D., Edinburgh; A. M. Corbett, M.D., R. Craik, M.D., W. H. Corbett, M.D., J. P. Phelan, M.D., R. P. Shaver, M.D., Hermon Cook, M.D., David McG. Rintoul, M.D., and Thomas Simpson, M.D., from McGill College.

The board then proceeded to the examination of candidates for provincial licenses, and the following gentlemen were fully admitted to practice:—Mr. Boulet, Mr. Blake, and Mr. Ormond Skinner.

The gentlemen having passed their preliminary examination were admitted to enter upon the study of medicine:—Isidore Frégeau, Edouard Chevrefils, E. Lemire, Leonard Ag. Fortier, Pierre Chapeleau, Joseph Renauld, D. T. Robertson, H. Adolphe Labadie, James McIntosh, Guillaume DeBonald, David Marsil, George Fleury.

There being no other business the board adjourned.

HECTOR PELTIER, M.D.,
Secretary.

SUCCESSFUL CANDIDATES FOR HONORS AT McGILL COLLEGE, SESSION 1853-54.

The following gentlemen having fulfilled the necessary requirements, were recommended to the University by the Faculty of Medicine, for graduation, and received the degree of M.D., on 4th May, at a Convocation held in the new College Buildings, Burnside Hall. With their names are also subjoined their places of residence, and the subjects of their inaugural dissertations:—

James A. Grant, Martintown—Thesis on Ovarian Dropsy.
Robert Craik, St. Luke, Do Morbid Poisons.

Thomas Simpson, Montreal—		Thesis on Phlebitis
David M. Rintoul, Montreal,	do	Spinal System
William H. Corbett, Kingston,	do	Bright's Disease
Augustus M. Corbett, Kingston,	do	Pericarditis
Thomas Y. Savage, Toronto,	do	Hernia
Alfred J. Burns, Niagara,	do	Surgical Hæmorrhage
Cornelius H. O'Callaghan, Cuba,	do	Acute Tracheitis
Walter McKay, Brantford,	do	Inguinal Hernia
Joseph P. Phelan, Cornwall,	do	Acute Hydrocephalus
Peter Rolph Shaver, Ancaster,	do	Do do
Stephen A. Scott, Woodstock,	do	Rubeola
Herman L. Cook, Charlesville,	do	Uterine Hemorrhage

The following students passed their primary examinations:—

George Pringle, of Cornwall
John L. Stevenson, of London
James M. Stevenson, of London
Charles Ault, of Aultville
Elzear Gauvreau, of Quebec
George Van Felson, of Montreal

Prizes for general excellence as students were adjudged to Robert Craik and Thomas Simpson, as primary and secondary, respectively, and were publicly presented, during the Convocation, after these gentlemen had been capped.

Institutions for the Deaf.—We are pleased to learn that Government intend to proceed immediately to make use of the £20,000 appropriated during the last session of Parliament, for the purpose of erecting suitable institutions for the support and instruction of the deaf and dumb and the blind, in Eastern and Western Canada. The Provincial Secretary, Hon. Mr. Chauveau, recently visited Montreal and Upper Canada, with the ostensible object of making arrangements for the speedy erection of these much wanted establishments. It is full time that Canada should have proper asylums for the reception of those of her citizens who are afflicted with deaf muteism, or blindness.

We have not yet heard whether a decision has been arrived at as to the locality where the buildings shall be erected.

House Appointments, Montreal General Hospital.—Dr. Robert Craik has succeeded to the vacancy in the House Surgeoncy, caused by the retirement of Dr. Reddy; and Mr. C. Ault to the Apothecaryship, lately filled by Mr. D. M. Rintoul. From what we know of these *new hands*, we have every reason to expect that, like their worthy predecessors, they will soon earn the good opinions and wishes of the medical staff.

Our Periscope.—From the unusual length and number of the Original Communications, we are this month compelled to omit all selected matter, even though our number occupies 44 pages. Hereafter, however, we will redeem our promise of reflecting some of the rays from the English, French and German lights which shine around us.

To Correspondents.—*Dr. Kerr* will perceive that his request has been attended to.—*Dr. G. Clarke.* The communication will be most acceptable.—*Dr. Richardson.* We feel assured it was only an omission.—*Dr. J. C. Warbrick.* The fault lies entirely in the post-office department. It is not the first complaint of the kind we have received. We shall enquire into the matter.—*Dr. Frazer,* Pelham. We intend doing so, as long as the profession continue their favors.—*Dr. Tetu.* We thank him for his kind wishes.—*Dr. Froulx* will receive our acknowledgements and thanks.—*Dr. J. A. Sewell.* Would much esteem a favor from his experienced pen.—*Dr. Bristol.* That he may never do worse.

OBITUARY.

Died at Simcoe, on the 17th May, Peter O'Carr, Esq., M.D., late of Brantford, aged 25 years.

CORRESPONDENCE.

LONDON CORRESPONDENCE.—No. 1.

London, 5th May, 1854.

Agreeably to promise, I now commence the first of a series of letters on subjects relating to the profession and professional matters in this metropolis, and will continue them from time to time, as circumstances may permit. I must, however, at the outset, claim the indulgence of your numerous readers for the peculiarity of their style, and occasionally for their brevity; but I shall endeavour to make up for these so far as my means of information will allow, by faithfully recording intelligence which may prove not only interesting, but, at the same time, of some value. I shall also, on some future occasions, send you the particulars of cases occurring in the hospitals of this great city, and the points of interest in connection with them.

Medical Reform.—The great mass of the profession throughout

Britain are unusually agitated at the present time, with the subject of medical reform, for which they have been striving for the last twenty years. Some sort of unanimity had been arrived at, in the preparation of a bill, by the Provincial Medical and Surgical Association, containing measures of a truly comprehensive character, and which appeared, for a time at least, to prove a panacea to those who were clamorous on this subject. Some objections to the measure were, however, urged against it, on the part of the Scotch colleges, and to meet their wishes as much as possible, the bill was altered to suit their views, and hopes were entertained of its proving generally satisfactory; when, unfortunately, a *little bill*, as it was called, was brought forward in the House of Commons by Mr. Brady, for the sole purpose of registering those who were properly qualified to practice in any grade, and prosecuting those again who had no legal qualification whatever, or who might even assume the title of physician or surgeon. This little bill was supported by a large number who had previously upheld the association bill (including Mr. Brady himself), under the expectation of its proving more immediately advantageous to themselves in suppressing quackery; but the supporters numbered very few, except those in general practice. The pure physician, and the pure surgeon, with perhaps two or three exceptions, have kept studiously aloof from it. Under the plea of simple registration, many, indeed, were captivated with the apparent simplicity of this little bill, until a careful examination of its clauses showed that all the peculiar privileges of the various corporate bodies, as well as those possessed by individuals, in the power of granting degrees, the Bishop of London, and the Archbishop of Canterbury, for example, among the latter; many, if not most of which, had become obsolete or of doubtful character, and dating as far back as the time of Henry the Eighth, were actually about to become legally confirmed by this little bill, as it professed not to interfere with existing privileges of corporate bodies in any way or shape whatsoever. This stirred up the energies of medical reformers, and by dint of agitation, this bill, although it has passed its second reading, is not expected to become law. In the meantime, a conference was held at the College of Physicians, on the 25th ultimo, composed of representatives of nearly all the colleges and corporate bodies in the United Kingdom, assembled for the purpose of framing a measure which would meet the desires of *all*, and, if possible, carrying it through Parliament this session. No report of this conference has been published; but it appears that there was a good deal of noisy and irrelavent discussion, and a want of co-operation on the part of many of those present. Notwithstanding this, it is expected that some good results will follow from this meeting, and that a bill will be brought forward

this session, embracing the general features of the association bill. It is quite unnecessary to go into the details of this bill; but whatever measure may be carried through the house, it will be quite impossible, from the number of variously constituted medical bodies, to please all parties. This will be a work of time. The College of Physicians have shewn unusual liberality in all their proceedings, and have evinced a desire, as much as possible, to meet the wishes of those who are practising in England without their license. I firmly believe if their new charter was obtained, a large number of those who are hot medical reformers, would cease to be agitators, and medical reform generally would be unsought for, for sometime longer. In a future letter, I may give you the solution of this question, which cannot but interest a large number of practitioners in Canada, who hold diplomas from this country.

The Cholera.—Whether the old adage, that war and famine most generally go together, will prove true on the present occasion, in so far as this country is concerned, a few months will determine; and although provisions of every kind command unusually high prices, breadstuffs particularly, it is confidently believed, notwithstanding the actual existence of a war, that they will not long be maintained. Whether this may eventually turn out to be the case, it is most devoutly wished for by all classes. This leads me to the observation made by many persons, that if the present war is not likely to become associated with such a dire companion as famine, its place may be supplied by sickness. And so much is this the general belief, that both the public and individuals are making preparations to meet the common enemy, which has already made its appearance in many parts of the country, and even in the metropolis. This enemy is the *cholera*.

It first appeared in the early part of March, of the present year, at Leeds and proved fatal in a number of cases. Dr. Gavin, one of the inspectors of the Board of Health, considered the outbreak due to the stagnant condition of the river Aire, and a deposit of manure on one of its banks. Since then, it has been committing its ravages in many of the towns of England, Ireland and Scotland, and as usual, it takes up its abode wherever poverty, filth and wretchedness prevail. The miasmata arising from these causes, have been found to affect the rich equally with the poor. This was particularly discerned in the epidemic at Newcastle during the past year. It behoves all who have the power, therefore, to exert themselves in preparing combined measures of a national character, to arrest, if not avert, the progress of this formidable scourge of humanity, more fearful and fatal in its effects, than the greatest calamities produced by war. In some parts of the metropolis the local boards of health are bestirring themselves in earnest, by endeavouring to diminish

as much as possible the predisposing circumstances to the spread of cholera, in clearing cess-pools, removing foul house drains, trapping sinks, &c. In the Parochial District of Regent Square alone, not less than 113 cess-pools have been closed up. During the week ending 15th April, there occurred 18 deaths from diarrhœa, and 2 from cholera. And in the week ending 22d April, 26 deaths from the former, and 2 from cholera. No deaths have occurred from the last disease during the past week, ending 29th April, and when the enormous population of London is considered, it does seem remarkable that so few cases have occurred, when other diseases, those particularly of the epidemic class, are unusually prevalent.

Hooping-cough has been raging as an epidemic for several weeks past, the deaths varying for the last 13 weeks, from 55 to 88, the ordinary average being about 40 per week. Measles and scarlet fever have been equally prevalent, but not so fatal. I was much gratified, on reading the *Gazette des Hopitaux* of 20th April, to find a portion of Dr. Crawford's paper on the topical application of Tincture of Iodine in Variola, copied from the New York *Medical Times and Gazette*. I purpose visiting the small pox hospital, with the object of drawing the attention of the medical officers to this method of preventing disfiguration.

Cellulose in the Brain and Spinal cord of man.—A physiological fact of much interest, discovered by Virchow, and at present engaging the attention of physiologists, is the presence of a substance presenting the chemical reaction of cellulose, found in the brain and spinal cord of man. This discovery startled many when first announced, as it points to a relationship between animals and plants, in the fact that the starch of plants and the starch of the brain, or corpora amylacea as they are now termed, are looked upon as identical. Whether this assertion will be found to be the truth, future experiment and research will have to determine. A translation of Virchow's paper appears in the January number of the *Quarterly Journal of Microscopical Science*, and has appended to it, some further researches upon the same subject by Mr. Busk.

Cellulose was discovered in some of the lowest orders of the Invertebrata, as in the Ascidians, for example, by Carl Schmidt. Virchow observes, that it is only since the discovery by C. Bernard—that the liver produces sugar—that we have had reason to suppose that substances belonging to the *amylum* series may also have a representative in the vertebrata. It was my good fortune to be in France when Bernard made his important discovery, of the presence of sugar in the liver, and such was the effect upon his mind of its importance, that for three successive nights afterwards he never slept a wink, as I was informed by an intimate friend of his. If his discovery of sugar in the liver was one of im-

portance, as its application every day is showing, that of cellulose in the brain and spinal cord is likely to prove not less so. It may be interesting to your readers to know that these bodies can be detected by the application of a watery solution of iodine to the substance of the brain, which causes them to assume a pale blue tinge, which again, upon the subsequent addition of sulphuric acid, presents a beautiful violet colour, which is known as belonging to *cellulose*. Virchow says they are found in the *ependyma ventriculorum* and its prolongations, and are very abundant on the *fornix*, *septum lucidum*, and the *stria cornea* in the fourth ventricle. Mr. Busk, however, has found them in the superficial parts of the brain, both cortical and medullary. In fact, scarcely any part of the *cerebrum* and *cerebellum* could be examined, at all events towards the surface, without meeting with some or more. Mr. Busk differs from Virchow in the results of his examination, in stating that the corpuscles are starch and not cellulose, and possess all the structural, chemical, and optical properties of starch as it occurs in plants. I may again refer to this very interesting discovery.

G. D. GIBB, M.D., L.R.C.S.I., &c.

HOSPITAL REPORTS.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec, from the 4th March to 31st March, 1854, inclusive.

	Men.	Women.	Children.	Total.
Remained,	28	10	2	40
Since admitted,	26	11	"	37
	54	21	2	77
Discharged,	32	7	1	40
Died,	4	"	"	4
Remaining,	18	14	1	33

Fever,	2	Pregnancy,	2
Inflammation of Lungs,	1	Febricula,	4
Inflammation of Bowels,	2	Scrofula,	1
Rheumatism,	3	Hysteria,	2
Diseases of skin,	1	Chlorosis	1
Syphilis,	8	Erythema	1
Abscess,	1	Arthritis,	1
Ulcers,	1	Catarrh,	1
Contusions,	2		

C. E. LEMIEUX, House Surgeon.

Quarterly Report of the Montreal General Hospital from 1st February to 25th April, 1854.

Remaining from last Quarter,	52	Discharged cured,	172
Admitted,	211	Died,	13
		Remaining,	78
	263		263

In-Door Patients.		*Out-Door Patients.*	
Males	121	Males	235
Females	90	Females	235
	211		470

Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.
Abscess	1		Enteritis	1	1	Orchitis	1	
Ambustio	3		Fistula Urethral	1		Podagra	1	
Anæmia	1		Fractura	9		Pneumonia	4	1*
Anchylosis Genu	1		Febricula	12		Phagedena	1	
Ascites Scarlatin	2		Feb. Typhus	5	1	Paronychia	1	
Anasarca	1		" Typhoid	1		Pleurodyna	1	
Amenorrhœa	4		" Ephem.	2		Phthisis	8	2*
Bronchitis	20	1	Gelatio	2		Prolapsus Uteri	1	
Broncho Pneumonia	1		Gonorrhœa	2		" Ani	1	
Cephalalgia	1		Hysteria	3		Polypus Auri	1	
Cynanch Pharynx	1		Hypochondriasis	1		Rubeola	1	
Corneitis	3		Influenza	7		Rheumatism	9	
Congestio Cerebri	1	1	Icterus	4		Stricture	1	
Conjunctivitis	4		Iritis	1		Scarlatina	11	1
Carcinoma	2	1	Lumbago	2		Syphilis, 1ry	4	
Catarrh Senilis	1		Morbus Coxæ	1		" 2dary	3	
Contusio	7		" Cordis	3		" 3tiary	2	
Constipatio	1		Mania Puerperal	1		Sarcoma Adipose	1	
Delirium Tremens	6		Necrosis	1		Tonsillitis	2	
Diarrhœa	2		Nephritis, Ac. Des.	2		Tortio Spinalis	1	
Dyspepsia	4		" Chronic	1		Tumor	1	
Debilitas	2	2	Osteo Cephaloma	1		Uremia	1	1
Epilepsia	1		Ophthalmia	1		Ulcus	5	
Erysipelas	3		Ostitis Chronic	1		" Phageden	1	
Encephalitis	1	1	" Scrof.	1		Vulnus	1	
Erythema	1					" Scloptur	1	

* 1 admitted previous Quarter.

Operations during the Quarter.

Amputation of Thigh; Tumors excised, 2; Amputation of Phalanges, 4; Polypus extracted; Subcutaneous division of Palmar Fascia; Total, 9.

Fractures treated (intern.), 8, (extern.), 4; Total, 12.

Minor Operations.

Opening Abscesses, &c., 19; Bleeding, 5; Cupping, 12; Teeth extracted, 41; Wounds dressed, &c., 4. Total, 81.

Attending Physicians, Drs. Scott & Howard.

John Reddy, M.D., &c., House Phys. & Surg.

BOOKS RECEIVED FOR REVIEW.

Vidal on the Venereal. Fuller on Rheumatism. From Messrs. S. J. & Wm. Wood, New York.

Warren on the Preservation of Health. From Messsrs. Ticknor, Reed & Fields, Boston.

Annual Report of the Normal, Model and Common Schools in Upper Canada.

MEDICAL NEWS.

A sum of £5,312 has been subscribed for a monument to Dalton.—Matriculations at British Universities during the year: Oxford, 402; Cambridge, 436; Dublin, 279. The rate of duty on each 20s; making a sum total of £1,117.—The Lancet and Medical Circular have been excluded from the Royal Medico-Chirurgical Society of London from petty vindictiveness and scandalous illiberalism.—In Edinburgh an association has been formed which as soon as it numbers 500 citizens it is resolved on a certain day to abandon the razor and meet three months afterwards to enjoy themselves with beard and moustaches.—Emigrant vessels have been leaving Limerick for America without a doctor on board.—Out of about 40,000 troops in the Persian camp 2,000 have died from cholera; average rate of mortality 80 per diem.—A girl at Vienna lately passed 242 pins; they were of a black color. She took them with suicidal intention while laboring under mental aberration. The first dose consisted of 70.—The late epidemic of cholera in Newcastle-upon-Tyne has cost the town £3,800 for medicines and burials alone, and would cost it nearly £50 a week for to support the widows and destitute; nearly £30,000.—There are 512,361 more females than males in Great Britain, or as many as would have filled the Crystal Palace five times over.—Professor Roux, the nestor of French surgeons, and one of the most illustrious surgeons of his day, died in Paris, March 23rd, of apoplexy.—In consequence of the increasing corpulency of the pope he has been ordered by his medical advisers to play an hour a day at billiards, walking not answering the purpose.—Duverney, the great anatomist and very eloquent professor, when advanced in years fell in love with Mademoiselle de Launay, afterwards Madame Stael. He one day in the presence of a numerous and brilliant company betrayed his secret by asserting that Mademoiselle de Launay was the best anatomist in France.—Massachusetts has 1,406 physicians, being about 1 to about 700 of the population.—Dr. Clarke of Philadelphia replaced the severed part of a finger half an hour after the accident and it united fully.—Number of students in Jefferson Medical College, 625; University of Penn, 510; University of Nashville, 240; University of Maryland, 200; College Physicians and Surgeons N. Y., 250.—The Arabs in Upper Egypt cut up mummies and use them as fuel to cook with, thus very improperly making light of a grave subject.—Dr. Couldson, the great London lithotomist, has only 15 students to lecture to. John Hunter's classes never exceeded 30.—A Southern editor of a medical monthly says in reply to a correspondent: "Well my old coon you are in a bad fix but we think the journal will help you; you shall have it and its influence although you are the only man out of h—ll who cannot pay for it."—A Mrs. Fraser, of Slack Co., Ohio, has had six children within a single year, having had three at a time twice.—43 persons have died of small pox within the last 4 months at Boston. During the whole of the last 2 years there were but 17 deaths from the same malady.—Napoleon has established a system in Paris whereby the poor can receive gratuitous medical attendance at their own residences. 150 doctors have been employed for this purpose and are to receive for their services from 600 to 1000 francs per annum.—A new chair of general physiology has been established by the French Emperor, and Claude Bernard placed in it to give a course of physiology.—A great deal of interest has been excited in London by the discovery of starch in the brain. It appears, chemically, that it only requires to add the elements of water to those of fibrine to procure fat, ammonia and cellulose or starch.—*To remove plaster from the skin* put a bit of dry linen over it and over the latter a hot knife, when the plaster adheres to the latter.

THE

MEDICAL CHRONICLE.

VOL. II.] JULY, 1854. [No. 2.

ORIGINAL COMMUNICATIONS.

ART. VI.—*Pneumonia, Atrophy and Softening of the Heart, Rupture of the Anterior Coronary Artery, Hæmorrhage into the Pericardium; Pericarditis, Death, Autopsy.* By Dr. Voss, Ordnance Medical Department.

A. S.—Ordnance Cooper, aged 41 years, who had been two weeks ill, became an out-patient of the Royal Ordnance Hospital on November the 5th, 1853, for severe cough, slight dyspnœa, and pain of the chest.

On percussing the chest I found it somewhat dull, especially on the right side corresponding with the inferior lobes of the lung.—The Stethoscope detected small crepitations throughout both lungs, but this pneumonic stage too was most marked in the region indicated by the evidence of percussion.

At first the cough was dry but shortly rusty sputa, characteristic of pneumonia, appeared.—He was at once treated by small doses of calomel, tartar emetic and opium. For a few days the inflammation progressed and bronchial respiration could be readily heard both anteriorly and posteriorly. As the gums were now very tender, medicines, with the exception of an occasional aperient, were interdicted.

The daily examination of the chest, owing to the comparative strength of the patient and his willingness to please, proved highly instructive;—indeed I do not remember when the stages of disease and convalescence were so easily distinguished.

The gums were kept tender until the normal respiratory murmur was re-established;—and as there remained considerable aphonia a blister was applied to the throat and the iodide of potassium was given internally, which soon restored the voice.

December 1st.—I should now have pronounced my patient convalescent had he not complained of restless nights, cramps in the legs,

and occasional shooting pains across the upper part of the chest, and had he not stated that he "fancied if he were to sleep he would die, as he felt a suffocating sensation in the throat and chest when about to doze."

These symptoms naturally led me to make a closer examination of the heart. I detected nothing abnormal with the exception that its contractions were unusually loud upwards and towards its base, more particularly in a line to the right across the upper portion of the sternum. The respiratory murmur might be heard in front and to the left of the organ. The pulse in the right arm was natural though feeble, that in the left could not be felt at all.

From the subsequent history of this case I presume that the absence of arterial pulse in the left arm existed for some time, and I fear must have been overlooked by my not adopting the ordinary wise routine of feeling both pulses.

I ordered him to take pil. saponis c opio gr. v at night and to continue the Port wine.

Dec. 2. He did not sleep last night.

3rd. He passed another restless night and complained much of the suffocating sensation in the throat,—ordered to take morph. hydrochl: gr. i. at 8 p. m., and again at midnight if sleep did not supervene.

Dec. 4. He slept a little last night.—He seems depressed and low-spirited.—To take a draught of liq. opii sedat: spirit. æth. sulph. co with camphor mixture every 4th hour.

Dec. 5. He has had 6 to 8 hours sleep during the last evening.—He seems cheerful and says he is much refreshed.

Staff Assist. Surg. Dr. Barrett kindly accompanied me to make another examination of the chest. On percussing the left mammary region we elicited the clear natural sound. Dr. Barrett too considered that the heart's action was preternaturally audible to the right and behind the sternum, but in other respects he believed the heart to be healthy.—We carefully examined the principal arteries, viz:—the carotids on either side, the subclavian, axillary, radial and external iliac arteries.—We found the arterial power of the left side of the system unequal to that of the right; and the inequality was chiefly manifest in the left carotid and left radial arteries;—indeed the pulsation in the latter vessel had until this day been absent, and now was scarcely appreciable. We were induced, in the absence of any ascertainable cardiac disease to refer his symptoms to an aneurism or other tumour in the neighborhood of the arch of the aorta. (Dr. Douglass, 26th Cameronians, who examined the chest in the afternoon, concurred in the opinion.) We directed him to continue the sedative draught at night, if necessary, and to take a larger allowance of Port wine.

Dec. 6. I again entertained hopes of his recovery, when suddenly he was seized with fainting fits, and no sooner did he rally from one fit of syncope than he fell into another,—these fits continued, at intervals, through day and night for two days. I ordered the port wine to be omitted, and brandy with yolk of egg to be given occasionally, and strong beef tea frequently.

These dangerous symptoms did not recur for 4 or 5 days, during which period he had gained strength, but the circulation remained feeble and unequal. There was a persistent irregularity and intermission of circulation in the left radial artery, and I may add an almost persistent peculiarity, for I repeatedly counted fifteen beats in the first fifteen seconds, two or three in the second fifteen seconds, fifteen in the third fifteen seconds, and again, only two or three in the fourth fifteen seconds, and so on.

Dec. 12. By my request the family sent for further medical aid, as his life was again in jeopardy from attacks of syncope. I had the pleasure of meeting Dr. Crawford, of this town, in consultation.

Dr. Crawford having examined the chest in conjunction with Dr. Howard, kindly furnished me with the following notes:—

"The patient appeared very weak and scarcely able to move in bed, without assistance, the surface, especially of the feet and hands, was bathed with perspiration. There was aphonia, which was present for some time. The pulse in the left wrist, and indeed throughout the arterial system, was thready, fluttering, and scarcely perceptible, it was also irregular and intermittent. Many of the ventricular contractions failing to produce a perceptible movement in the artery,—it was rather stronger in the brachial, but possessed the same character—that of the right wrist somewhat more perceptible.

"The jugular veins were much distended, especially the right; no pulsation or refluxation however, no prominence of the præcordia, the superficial cardiac dulness, measured transversely, about 3 inches, extending slightly beyond the right end of the sternum, and vertically about 3½ inches, its position otherwise pretty normal; impulse scarcely perceptible; both sounds, though very weakly evolved, are distinctly audible, and unaccompanied by any bruit; they are equally loud at mid sternum and left apex. No bruit in abdominal aorta.

"Resonance of thorax on percussion good, but less so over the left than the right side; no decided dullness, however, present in that side, although the inspiration is feeble and more prolonged, and the expansive movement more limited over it than over its fellow.

"From the above facts, we are unable to give a positive opinion of the exact nature of the case; the extreme weakness of the heart involves

almost necessarily the absence of bruit and thrill, although the physical conditions necessary for their production may be present. It is likely a tumor of some kind, (probably aneurismal) implicates the arch of the aorta, the recurrent nerve, and left bronchus, and thus produces the aphonia, the unequal force of the pulse in opposite radials, the weak inspiration, &c., &c., in the left lung; the bruit, which ought to be present on such a supposition, being absent, as before stated, from weakness of the impelling organ. We are unable to suggest any improvement in your mode of treatment."

For the next five days, life was sustained by stimulants, jellies, beef tea, &c. A day or two before his death, on the 17th instant, Dr. Barrett and myself detected extensive dullness over the cardiac region, and upper part of the left side of the thorax, which, with other signs, induced us to diagnose effusion into the pericardium; the weakness of the patient, however, rendered a complete and accurate examination impracticable.

Sectio cadaveris 36 hours after death.—Present: Drs. Crawford, Howard, Barrett and myself.

The head was not opened.

Chest.—On opening this cavity the right lung was found healthy and free; the left was also healthy but hidden and compressed by a greatly distended pericardium; the left pleural cavity was obliterated by firm adhesions. The pericardium contained about three quarts of blood which had separated into clot and serum, and the whole of its serous lining was covered with recent deposits of lymph, mingled with coagula:—The muscular structure of the heart was pale, soft and flabby, and extremely attenuated—indeed the atrophy of the walls of the ventricles, was sufficient to induce me to attribute their non-rupture to a conservative layer of fibrine and coagulum, which enveloped the whole heart, and at some points blended with its fibres, presenting a uniform thick covering averaging, in depth, half an inch.—Both coronary arteries had degenerated greatly from the natural standard, and in the left or anterior coronary a small aperture was visible, and to which source the hemorrhage must be ascribed, as no rent could be detected in the auricles or ventricles.—The latter cavities were filled more or less with coagulum, their orifices and valves were healthy, with the exception of slight thickening of the mitral and tricuspid valves.—The aorta and its valves were healthy likewise, excepting a few small opaque spots on the interior of its arch.

A hard tumour, the size of a pigeon's egg was situated between, and adhered closely to, the opposing surfaces of the arch of the aorta, and the bifurcations of the trachea, and over which the left recurrent nerve courses. I regret my inability to describe minutely this tumour, as it

and a portion of the heart, were destroyed during the temporary absence of Dr. Howard, who had generously undertaken to examine them microscopically.—Dr. Howard's opinion of the tumour is, that it was an enlarged bronchial gland, undergoing fatty degeneration.

Abdomen.—The viscera in this cavity were sound with the exception of the kidneys which presented one or two small cysts and isolated fatty deposits.

REMARKS.

I believe the suffocating sensation about the larynx resulted from pressure on the tumour on the left recurrent nerve, and by its communications affected the superior laryngeal nerve, and other portions of the sympathetic system.

It is impossible to determine the priority of birth, or age of either the tumour or the atrophy. The nearest indication of their existence I could ascertain was, that during last spring and summer, "he suffered occasionally, from giddiness of the head, and fluttering in the chest if he stooped or drank a glass of spirits, after his day's work; and that he once had a fit of an obscure nature, in which he became dizzy, and staggered as if drunk, his sight failed, and he fell down." He did not at this or any other time suffer from headache or sensation of fulness about the head;—but had felt latterly the ascent of a stair and fancied his occupation of shipping powder in the magazine too arduous for him,—he also stated that he had sometimes during the attacks of weakness felt his pulse, and that he could not count it at the left wrist.

In looking for the source of the atrophy, we must point to the diseased condition of the coronary arteries. It has been suggested that their abnormal state depended "on the general impairment of nutrition throughout the system."—I incline rather to the belief that "the general impairment of the system" was secondary to that of degeneration in these vessels; and think Mr. Paget's description of atrophy, highly applicable to this case.—"The principal character" (Mr. Paget says) "which all these cases seem to present, is that they who labour under "this disease, are fit enough for all the ordinary events of calm and quiet "life, but are wholly unable to resist the storm of a sickness, an accident, "or an operation."

I think the attacks of syncope exceedingly interesting as marking the periods of hemorrhage from the coronary artery and in thus prolonging the life of the patient by affording a condition for coagulation and plugging of the vessel which could not otherwise have occurred in a vessel so near the centre of circulation. It is evident that the blood within the pericardium excited some amount of pericarditis from the

extent and pathological arrangement of the fibrine deposited over its internal surface.

The "shooting pains" complained of in the first instance, and subsequently, denoted what is called the angina pectoris.

I consider the inadequate circulation of blood in the brain will fully explain the rationale of the patient's wakeful and restless nights, and which inadequacy is accounted for by:

1st. The left carotid failing to supply its quo'um of blood.

2d. The impoverished condition of the blood.

3rd. The heart, from its debility, being unable to sustain a corresponding and equable circulation in the head.

The 2nd and 3rd of these causes are already manifested, and the 1st I explain with the same manner that I do the inequality and intermission of pulsation in the left carotid artery, viz:—that the tumour from its position size and pressure must have narrowed and flattened considerably the calibre of the aorta, and consequently the volume of blood would take the more easy and direct course (the arteria innominata) rather than the less easy and direct one (the left subclavian and left carotid) especially when propelled by an enfeebled heart.

I am aware that my proposition does not reconcile the want of relative force in the external iliac arteries but this disparity was so slight that I conceive it may have been natural or accidental.

ART. VII.—*Contributions to Clinical Medicine* by J. CRAWFORD, M.D., Professor of Clinical Medicine, M'Gill College, and Physician to the Montreal General Hospital.

II. *Case of Idiopathic Tetanus.*

Mary Murphy, aged 17, a healthy, plump young woman, had been employed for two days washing clothes, during which time, she was much exposed to sudden and great changes of temperature, by going overheated from the wash-tub, into the yard, to hang out the clothes during very cold weather, in November; previously to which time, she had been in the enjoyment of very good health. Her catamenia had appeared for the first time, about six months ago, since which period, she had been "*regular*," and had been menstruating for two days, at the time of her present attack, when the flow was suddenly arrested, which she attributed to the exposure to cold, and she soon after experienced an uncomfortable sensation of tightness and rigidity in the muscles of the front of the chest, extending to the shoulders and back. The spasm was permanent, although liable to exacerbations. In this state she was admitted

into the Montreal General Hospital, on the 14th Nov. 1853. Shortly after admission, the muscles of the jaw became involved, and she found some difficulty in protruding her tongue, the rigidity of the muscles of the back, necessarily produced a tension in those of the abdomen; which in other respects, did not appear affected. There was a slight interscapular spinal pain, elicited by pressure, which extended to the anterior part of the chest; any movement of the body, aggravated the tetanic condition of the muscles, she had neither headache, nor other pain, except that of the spine, already noticed, the limbs and diaphragm were free from spasm, deglutition very slightly impeded,—pulse 96. On her admission, she was ordered a purgative, of oleum ricini an ounce, spiritus terebinthinæ ½ an ounce, which acted freely, and before I saw her, Dr. Reddy, the House Physician, had administered a few doses of the tincture of cannabis indica, but not observing any effect from it, concluded that the medicine was not very genuine, or efficacious; she was also put under the influence of chloroform, which produced for the moment, relaxation of the spasm; on my seeing her, the next day, I found her much as described above, the spasms having become more severe and extensive than they were on her admission. My first hope was, that the tetanic state might depend on an hysterical condition, arising from the interruption of her catamenia, and the plan that suggested itself, was to act on the uterine system, and endeavour to restore the interrupted function. She was therefore ordered to be cupped on the spine, to have a warm bath, and to repeat the purgative; these remedies did not appear to produce any influence on the spasm, which rather increased, the jaws becoming more locked, and the opisthotonos more manifest, the respiration although restrained from the involvement of the thoracic muscles, was tolerably easy, the diaphragm appearing not to be affected by the spasm, the limbs still flexible, color of the face and general surface, dark and dusky, restlessness and asomnia distressed her much. She was ordered enemata of assafœtida camphor and tincture of opium, to be repeated occasionally; for some time the symptoms appeared to be stationary, although no evident amelioration could be perceived. Towards the evening of the 16th, the symptoms all appeared on the increase, the brows frowning, the angles of the mouth drawn back, the general appearance of the countenance much altered, the tension and curvature of the spine very manifest, deglutition occasionally difficult, the limbs and diaphragm still unaffected. She was again ordered to be cupped on the spine, and to be put under the influence of chloroform, at intervals during the day. While she was under the influence of this powerful remedy, there was always an evident relaxation of the spasm, but its salutary effects were very transient, disappearing immediately

with the soporose state; in addition to the anodyne and anti-spasmodic enemata, the acetate of morphia was given, in doses of ½ grain every half hour, after a few doses the pharynx appeared to be involved, either by the general spasm, or from the action of the chloroform, and the medicine was several times ejected; on the attempt to swallow being made. The acetate of opium (or black drop) was substituted for the morphine, and after a perseverance in ½ grain doses every half hour, for some hours, sleep was induced, and some slight degree of relaxation of the spasm was observed; in this manner she passed a tolerable night; but the tetanic condition appeared in no degree lessened on her awakening, the spasms coming on with great violence on any movement of the body—the curving of the spine, frowning of the brow, and risus sardonicus being very marked. The limbs too appeared now to become slightly rigid, a considerable secretion of saliva and mucus caused much discomfort and constant hawking; there however was no mucus rale in the bronchi, the heart's action was strong and regular, accompanied by a slight systolic soufflet. She never had rheumatism, nor cardiac affection, that she is aware of.—The cupping glasses were again applied to the spine, and about 10 oz. of blood taken, a blister placed on the sternum,—croton oil liniment rubbed on the back, and her bowels being torpid, oleum crotonis gtt. iij. and ol. ricini ʒ ij. were ordered, to be aided by purgative enema, if required; these remedies produced no beneficial effect on the spasm, which gradually became more violent, accompanied by frequent and sudden jerking, aggravating her suffering, any movement of the body, even swallowing, appeared to increase the spasm. The case seemed hopeless, the acetate of opium was continued every half hour, under the superintendence of a pupil, and brandy and water as much as she would drink, which was very limited; during the night of the 19th she again had some sleep, and whilst in her narcotized state, hummed some airs, and appeared somewhat easier, the rigidity of the muscles however did not relax; she gradually sank without any apparent increase of suffering, and died in the night of the 19th, the 6th of her attack.

The idiopathic nature of the attack, and its probable hysterical origin at first gave hopes, that the case might have a more favorable issue, it nevertheless held on its fatal course, very little influenced by the various powerful remedies, so perseveringly persisted in. Cases of successful treatment of tetanus are occasionally recorded, under the influence of some of the above remedies, but it is to be feared that if all the cases of tetanus were on record, the successful ones would be in a very great minority. The influence of chloroform was very evident, but was

equally transient, and only apparent during the soporose state. The narcotic effects of opium, afforded but a brief period of ease.

Autopsy.—There was very little of pathological change discovered, to account for the excited nervous condition, a very slight tinge, or blush was perceived on part of the spinal meninges, but nothing remarkable, and which would have escaped notice, if not particularly sought after. There was a slight degree of roughening perceived on the mitral and semilunar valves, which might in like manner have escaped observation. The uterus and appendages were healthy; a few small cysts were detected on the convex surface of the ovaries.

ART. VIII.—*Empoisonnement par l'Exterminateur des rats de Dubois composé de Phosphore. Histoire, symptomes et traitement, rétablissement à la sante, par* L. BOYER, M.D., *Professeur de Medecine Légale dans l'Ecole de Médecine de Montréal; Médecin de l'Hotel-Dieu, &c.*

A. B., jeune homme de 17 ans, commis-marchand, acheta une boite d'exterminateur des rats, mercredi le 26 avril dans l'aprés-midi, chez un apothecaire, rue McGill.

Jeudi le lendemain à 7 heures A. M., il fit sept prises de l'exterminateur, enveloppées dans du papier, recouvertes d'écorces d'orange et les avala successivement.

Trois heures après je fus requis par un de ses parents de venir le voir, on l'avait transporté dans mon service à l'Hôtel-Dieu. A mon arrivée je trouvai le patient dans l'état suivant—assis sur son lit, paleur de la face, yeux hagards, angoisses, peau et sueurs froides, brulement dans la région épigastriques, pouls petit et rapide

Traitement—10 grs, de tartrate d'antimoine dissous dans 4 oz. d'eau tiède, à prendre un tiers toutes les 10 minutes—à la 2de dose vomissement glaireux et jaunâtre—administration à la suite du vomissement, un un mèlange de lait et d'eau, et de magnesie tiède en abondance—Après la 3ème dose, vomissement deluents seuls,—sulph de zinc 20 grs., vommissement de poudres enveloppées dans du papier et écorces d'oranges. Le malade fit alors confession d'avoir avalé sept papiers comme les deux que nous venions de trouver: 20 grs. de sulp. de zinc furent de nouveau administrés, avec les diluents, lait et magnesie—vomissements copieux dans lesquels nous trouvons les cinq autres prises, dont deux avaient l'enveloppe brisé—aussi plusieurs évacuations alvines. Les vomissements

et les déjections alvines donnaient une fumée blanchâtre et une odeur aliacée très forte et perçue par les personnes qui se trouvaient près du lit—à midi presc. lait and magnésie.

A 2 P. M., plusieurs évacuations alvines, coliques et douleurs brulantes dans l'abdomen, et crampes—cephalalgie, peau froide et pouls 160—presc. cout. la solution, avec fomentations sur l'abdomen et bouteilles d'eau chaude aux jambes—à 6 P. M., accompagné de Mr. le Dr. Wright, nous avons trouvé le malade assis sur son lit, se plaignant de légers brulements d'estomac, d'agitation et de malaise. Prescription, cout. formentation et 2 grs. d'opium

Le lendemain convalescence.

Remarques.—L'empoisonnement par cette substance est intéressante à la profession, premièrement en ce qu'il est déjà arrivé en Canada, deux fois dans le Bas-Canada, tout récemment, le 1er dans le faubourg Québec de Montréal, chez un enfant qui avait pris ce poison pour des confitures, et qui en est mort trois heures après l'autre qui a été le sujet d'un procès à la cour criminelle de Kamouraska, dans l'affaire Bérubé qui a été condamné à une réclusion perpétuelle au pénitentiaire pour avoir empoisonné sa femme.

2d. La composition de cette substanee est inconnue et variée dans sa composition.—D'après nos informations d'un apothécaire de Montréal, qui a vendu la boite qui contenait la substance véneneuse de cet empoisonnement. Cette marchandise est vendue par les villes et les campagnes par les *Americains* de la République voisine. Il en ignorait la composition. Il nous dit qu'il se vend trois espèces de mort aux rats, connus sous le nom de Smith's exterminator, de Smith, de Parson et de Dubois, c'est du dernier que le malade avait pris, de couleur blanche, tandis que les autres sont rouges. A part du rapport des médecins dans l'affaire Bérubé, nous ne connaissons aucun renseignements publiés sur la composition de ce melange. Le phosphore et l'arsenic sont les substances mentionnées dans ce rapport. D'après ces informations, pour notre satisfaction, nous avons procédé à l'analyse chimique des poudres vomies, des vomissements et du reste du contenu de la boite qui contenait la substance vénéneuse qui m'avait été envoyée.

Expertise chimique.—Assisté de Mr. le Dr. Wright, je procédai à examiner la substance qu'on nous présentait comme étant la cause de l'empoisonnement ; et les matières vomies.

Soupçonnant l'arsenic, nous avons expérimenté par le procédé de Reinsh, avec l'appareil de Marsh, le sulphate de cuivre ammoniacal, et le nitrate d'argent ammoniacal, avec tous ces réactifs nous avons obtenu des résultats négatifs pour constater l'arsenic.

Les réactifs pour le sublimé corrosif ont éte essayés aussi avec des résultats négatifs.

Assurés qu'il n'y avait ni arsenic, ni sublimé corrosif, nous avons procédé à rechercher le phosfore qu'une odeur aliacée très remarquable, sa prompte décomposition à l'air libre donaant des vapeurs blanches épaisses et d'une couleur verdâtre dans l'obscurité, nous avaient presque convaincu de sa présence.

Une partie de la substance suscepte étendue sur une plaque de fer chauffée, brula avec une flamme jaune accompagnée d'une fumée blanche, et au milieu on appercevait des points lumineux.

Un mélange avec le nitrate d'argent liquide passe d'abord à une couleur rouge et ensuite au noir.

ART. IX.—*Medical Institutions of Paris.* By W. Hales Hingston M.D., L.R.C.S.E. Member of the German Society of Naturalists and Physicians. Societé Medicale Allamande de Paris, &c.

Women usually remain in the Maternité 12 days, at the end of which, they leave, carrying the infant with them. If it be the offspring of an unhallowed passion, it is placed either by its mother, or the institution she has just left, in

L'Hospice des enfants trouvés et orphelins.

Hospitals for foundlings are decidedly of ecclesiastical origin, and to a Bishop of Paris is due the credit (according to some) or discredit (according to others) of having founded an establishment for the protection of the innocent (according to the former) or for the encouragement of crime (according to the latter).

It was long ago the custom to place a large basket or cradle in the cathedral of Paris, in which were laid the children of unknown parents, whose helpless condition was well calculated to appeal to the charity of the faithful—hence the name "the poor foundlings of Notre Dame." They were afterwards confided to the care of persons who discharged the duties of mother and nurse, neither, it is to be believed, efficiently, for they were frequently *relet* to others, and in many cases actually *sold* to nurses who having had the care of children had lost them, and thus the child of shame has, there are grounds for believing, been introduced into the halls of the opulent and the proud to share their honor and to bear their name. Many, on the other hand, were sold to mountebanks and others of that caste, who, by mutilating and otherwise disfiguring

them, made them serve to the amazement of the crowd. A child usually brought 18s to 20s of this currency. At the time I am now writing about, when in the vicinity of the *porte St. Victor*, the number of children for admission was so great, and the pecuniary aid so unequal and insufficient, that a certain number were picked out by lottery to be nursed, &c., the remainder were left to their fate. The institution is now on a secure footing, and is situated in Rue de l'Enfer. Children are either sent to nurse in the country, or placed under special care in town, and as an inducement to be kind to their charge the nurse or guardian receives 18 francs if she can furnish proof that the infant had been treated with care and attention. In like manner 50 francs are given to those who have reared their infant to the age of 12 without accident.

Before it became a rule that all children should be examined &c., the number of deaths was truly enormous, even yet the proportion is by far too great. 3rd year of the Republic admitted 3,933, died 3,150. Now the mortality averages 1 in 7.7; whereas in private 1 in 14 is the average.

Children are admitted into the foundling hospital from birth till the age of 10 years. When received the hour of its arrival is correctly noted by a sister of charity, and a number is attached to its right arm; it is then carried to a large room where it is fed with milk along with the rest of the children. A wet nurse is immediately provided, and the child is sent with her to the country, where it remains until the age of 12 years—its whereabouts, however, being kept secret; it is then sent to the Orphelins. If, at any time, the mother should appear, to reclaim her child, she requires to deposit 30 francs, of which 10 are retained for search in case of the child's death, and 20 for defraying expenses of education if living. If reclaimed it remains under the care of the administration until it has attained its majority. The number of children received is upwards of 5,000 per annum.

The following are the statistics for 1850:—

	Foundlings.	Orphans.	En Depot.
Boys,.....	1,822	219	667
Girls,.....	1,769	142	591
	3,491	361	1,258

There were in the country belonging to the hospital in question on the 1st January,	Boys.	Girls.
1850,.....	6,474	6,580
Entered during the year.....	8,437	8,475

Left	do	do	881	923
Deaths	do	do	792	757
Remaining on 31st December, ...			6,764	6,795
Children reclaimed during 1850.....			13	5

In accordance with a law passed in 1850, children are educated after having reached their sixth year. A branch of their education might with propriety be neglected, namely, the looking for gratuities from visitors. Inspectors are appointed who see that the children placed in the hand of nurses in the country and in the city perform their duties with honesty.

The physician in attendance is M. Roger, an observant writer, whose works on the diseases of children and on auscultation and percussion are extensively perused. M. Morel Lavallee is the surgeon.

Hopital des Enfants Malades, situated near the Neckar Hospital in Rue de Sevre, for sick children between the ages of 2 and 15 years, contains 600 beds. Although as clean as any other Parisian hospital, and attended with equal assiduity by the medical staff as well as by the nurses, phthisis here makes dreadful ravages—much, no doubt, depends on the sombre, cheerless appearance of the hospital. Mortality was never under 1 in 6—but 1 in 4.8 is the general average. Trousseau was connected with this institution previous to his recent translation to the Hotel Dieu. The most popular of the staff is *Guersant,* a somewhat prosy lecturer, but good surgeon, eminently practical and a favorite with the profession, who have elected him President of the "Société de Chirurgie."

Hotel-Dieu.—The oldest hospital of the French capital, whose foundation dates as far back as the year 600; was at first a sort of lodging house for the poor and indigent. The number of inmates increasing much more rapidly than the accommodation for them, it degenerated into a "pest house" and serious intentions were entertained of the propriety of destroying it altogether. At one period of its existence mortality was *two* to nine and this as late as the 18th century, when it might be supposed, the broad principles of hygiene should have been more clearly understood

Four, five and six occupied the same bed—small pox, venereal, fever patients, &c., were huddled together; the pregnant, and those in labour with the prostitute and the *accouchee.*—Operations were performed in the same ward in which were those already operated upon, and those whose turn it was next, to suffer. Indeed when we read the report of the commissioners appointed to visit the Hotel-Dieu, (of which Lavoisier was one), we wonder that the mortality (2 in 9) was not greater; or that out

of nine there could escape two. But this state of things did not continue after the revolution; hospitals were constructed in the different *arrondissements*; for the small pox, the venereal, the affected with calculus, the pregnant, &c., special hospitals were provided, and the Hotel Dieu disgorged herself of her superabundance.

Every patient has now a separate bed, of which there are 1260. About 13,000 receive medical and surgical aid during the year, of which upwards of 1400 die. Mortality is 1 in 7.39 in the service of medicine, and 1 in 22.50 in that of surgery; and 1 in 9.06 when conjoined. The hospital occupies both banks of the Seine, connected together by a covered bridge; it is built entirely of stone—stone walls, stone ceilings, stone floors. To some of the wards we descend as if into the ground, and into which the light penetrates but feebly. Many of them resemble dungeons—nor are iron bars wanting to improve the comparison. They are all, however, kept scrupulously clean. The bedsteads are of iron, with curtains of blue cotton. Louis, Martin Solon, Guerard, Chomel, Piedagnel, Horteloup, Réquin, and Trousseau are the physicians.

Louis never took much trouble with those visiting the hospital. He prefers holding communion with the medical world through the medium of the pen, rather than *viva voce*. Of the remainder, Trousseau's is the most numerously attended medical clinique in Paris. He is very popular as a lecturer, and dwells at great length on the doses and properties of medicines. He lectures with wonderful facility, and is possessed of the rare faculty of making listeners believe that what he is talking about is unquestionably the most important matter he has ever submitted to their consideration. Thus, one morning's lecture was occupied with *veratria*, and its employment in acute rheumatism. It was (so he told us) to supersede all other remedies. Borax and honey in croup and hooping cough formed the subject of another morning's lecture, and if his listeners did not feel disposed to place as much reliance in those remedies as he did, (which they certainly could not but do after his frequent reiterations of *je l'asserte, je l'affirme, c'est moi qui le dit, &c.,*) they were unanimous in their admiration of his eloquence, and of the ingenuity with which he manufactured mountains out of molehills. Yet to be candid, I know of no medical clinic where students can receive more instruction. He prescribes no medicine without explaining its action on the economy, and the results he wishes to obtain. He is very popular with the students, and deservedly so, for they are always treated by him with gentleness and kindness.

The surgeons are (1853), Roux, Boyer, and Jobert de Lamballe. Roux is now so old that, when operating, he makes a series of cuts where one

was necessary. The tying of arteries is quickly managed by his assistants, who supply, in a great measure his imperfect vision. His memory is fast failing, and this is painfully apparent in his constant repetition of the same matter, clothed frequently in the same words.*

Jobert de Lamballe has gained considerable reputation by his *chirurgie plastique*, and his treatment of vesico vaginal fistules; yet the rudeness of his manner renders him unpopular, and his clinic very thinly attended. A number, however, collect once a week in the aisle adjoining one of the female wards to see him operating on diseased wombs. It was on one of those occasions that I first saw him, enveloped completely in smoke, which, with the stench arising from the application of the actual cautery to diseased mouths and necks, was almost intolerable. Seven or eight women are generally operated upon in a morning. A three bladed speculum is introduced up to the os, and through it the red hot iron is applied to the diseased structure. No pain whatever is experienced. Those manipulations necessarily indelicate, are rendered still more repugnant to their feelings, by the rude and disgusting manner in which they are performed. Their persons are uncovered even to their waists, and exposed to the gaze of the assembled: while "*Je suis une femme modeste, Monsieur,*" from them, is met by a severe retort from Jobert. One word of comfort or encouragement I have never heard to escape his lips. He still adheres to the old practice of enveloping recently cut stumps with lint, linen, *plu masseau, &c.* Is a very indifferent lecturer, but manages to fill up the hour, with administering, *entre autre choses*, rebukes to his assistants.

Hopital Ste. Marguerite, now a permanent establishment, although founded in 1840 for the purpose of receiving the sick and wounded, for whom there were no vacancies in the Hotel Dieu. It is a very pretty hospital, in a cheerful part of the city (Rue du Faubourg St. Antoine), surrounded by pretty walks. Upwards of 5000 are here attended during the year, in which the mortality is as 1 in 12.27 in medicine, and 1 in 45.25 in surgery. One of the physicians to this hospital (M. Tessier), is a homœopathist.

Hopital de la Pitie, founded in 1612. This hospital, formerly received poor children and foundlings, but since the establishment of special houses for that purpose, has become a general hospital. It is a well constructed building, is divided into a number of houses, separated from each other by courts and avenues. Many of the wards look into the Jardin des Plantes, near which it is situated.

* Roux has since vacated the chair as *doyen*, and laid aside the knife for ever. He expired on 23rd March, 1854. He was distinguished from the commencement of his professional career, and died beloved even by his confreres.

Gendrin, Nonat, Serres, Clement and Valleix are the physicians in attendance. The cliniques of Gendrin and Valleix are well attended. The former on diseases of the heart, the latter on those of the uterus and nervous diseases. Michon has a surgical clinique, and few Parisian surgeons are more eminently practical. Laugier occupies the official chair in surgery. The hospital contains 624 beds. Nearly 12,000 receive professional assistance during the year; the mortality among which for medicine is 1 in 14.78 and 1 in 27.97 for surgery.

Hopital Cochin, founded in 1779, by Jean Denis Cochin, a curé of the Parish (Ste. Jacques) in which it now stands, and for this purpose he alienated his fortune, although it did not bear his name until after his death. About 5,000 patients are admitted during the year, and the mortality is 1 in 15.4 in the medical wards, and 1 in 14.2 in the surgery. *Beau* and *Maisonneuve* are the physician and surgeon. The latter practices the *coup sur coup* dilatation of the urethra for stricture, and judging from the shrieks of those operated upon, amputation of the penis would, I am certain, be a luxury in comparison. Maisonneuve operates well, but is too meddlesome in his treatment, trusting more, seemingly, to the resources of art than to those of nature.

(To be continued.)

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

III.—*On Rheumatism, Rhumatic Gout, Sciatica, their pathology, symptoms and treatment.* By Henry William Fuller, M. D., Cantab. Fellow of the Royal College of Physicians, London; Assistant Physician to St. George's Hospital, &c. &c. Pp. 322. New York: Samuel S. and William Wood. Montreal: B Dawson.

Having followed many of the leading Physicians of Europe, and carefully observed their various systems of clinical instruction in the different public hospitals with which they are connected, it has become a settled conviction in our mind, that the system adopted by each, embodies a radical defect. The teacher of the present day, almost without exception, loses sight of the fact, that the majority of his hearers are young men just entering on the study of medicine, to whom everything relating to the practical part of the profession is new and strange; and to whom the simplest phenomena of disease are matters hard to be understood. He gives a prominence to obscure and disputed points in pathology—

seeks out and follows with close and unremitting attention rare and, so-called, "interesting" forms of disease—spends hours investigating anomalous physical signs, and delivers lectures which can only be appreciated by the student far advanced in a knowledge of the theory and practice of medicine. Whilst the beds filled with those affected by diseases of common occurrence, and which the young practitioner will be first called upon to treat, are passed by hurriedly, without scarcely a word of explanation or comment. To the foreign visitor who may have completed his preliminary studies, this is doubtless all very agreeable and highly instructive, but to the first or second year's student, eager to acquire knowledge, it must, of necessity, be tedious and disheartening. Eventually, however, the student assimilates in his views to the professor. We have heard, times and again, the older students say one to the other as they passed through the wards "Oh, that is *only* a case of ulcer—that is *only* a case of simple rheumatism, &c."; and they have hurried forward to examine a patient the subject of internal aneurism, incurable heart affection, or some form of malignant disease. The consequences of this erróneous estimate of what ought to be paramount in clinical instruction are, that when the young physician enters on practice, he finds himself hampered on every side through his ignorance of some of the more common diseases which affect mankind, and he has to commence, with few facilities, the study of subjects which he was too apt to regard as scarcely worth attention during his novitiate, but an intimate acquaintance with which, he now discovers, is absolutely necessary to his becoming an accomplished and successful practitioner.

Whether we consider rheumatism as to the frequency of its occurrence the great pain by which it is accompanied, or the sad, irretrievable and sometimes immediately fatal complications which are liable to make their appearance at any time during its course, it is a disease which demands the earnest study of all who practice the healing art. Although unnoticed by the ancients, it has attracted considerable attention amongst the moderns, and a great diversity of opinion has existed, and still exists, regarding its nature and treatment. Baynard, who was one of the earliest writers on rheumatism, attributed it to a *materies morbi* existing in the blood; and this matter, he believed, consisted of an accumulation of certain ingredients which should have been eliminated from the system, by the kidneys and skin. Boerhaave and Van Swieten held a similar opinion. Stoll looked upon it as an inflammation of the vessels, through which circulated colourless blood. Sir C. Scudamore conceived "the morbid action to be seated in the ligaments, the tendons, the aponeurotic membranes, and the bursæ, but in the ligaments most

frequently." Dr. Todd, in his Croonian lectures, has adopted the theory first propounded by Baynard. The latter writer did not venture an opinion as to the nature of the morbid matter which gives rise to the phenomena of rheumatism. He merely stated, in general terms, that the disease was caused by the non-elimination from the circulating fluid of elements which were destined to be thrown off. The former, however, enlarging upon an idea of Dr. Prout's, has fixed upon lactic acid as the ingredient which, by undue development and retention in the system, produces the rheumatic diathesis and fever. "If," says he, "we take into account the most frequent causes of the rheumatic diathesis and paroxysm, we shall obtain a further clue to the determination of the problem. These causes must be admitted to be imperfect assimilation and vicissitudes of temperature—and here the ill-clad and badly-fed children of the poor are the most numerous victims of rheumatism. If now we remember that the skin is the great emunctory of lactic acid and that bad food, or too little food, may give rise to its undue development, as well as too much food, it is no wonder that, as lactic acid is imperfectly secreted, through its natural channel, in consequence of the influence of cold in checking perspirations, and is too freely developed in the alimentary canal, it should accumulate in the blood and become eliminated at every point. Moreover, the long continuance of the causes which produce the defective cutaneous secretion, and the deranged gastric one, will give rise to the undue development of the lactic acid. in the secondary destructive assimilating processes; thus infecting the blood from every source, and tending to perpetuate the diathesis." Dr. Fuller agrees with Dr. Todd in regarding it as a morbid poison contained in the blood. "Now, although the poison which gives rise to rheumatism has not hitherto received actual demonstration, yet many facts, conduce to a belief in its identity with some natural excretion of the skin." (p. 30.) He considers it probable, therefore, "as the skin is the peculiar emunctory of lactic acid, that in it we have discovered the actual materies morbi."

Our author has taken a great deal of trouble to prove that cold is not the proximate or essential cause of rheumatism. More trouble, we should imagine, than is necessary, as there are few in the profession who look upon cold in its relations to an attack of rheumatism, other than as an exciting cause. Rheumatism, he asserts, is more prevalent in warm than in cold climates. Now, Canada may differ in this respect from other cold climates, but certain it is, that the proportion of cases of rheumatism to those of all other diseases admitted into the General Hospitals of Montreal and Quebec, is much higher than in any warm climate. In

the Cape of Good Hope, 59 out of every 1000 admitted into the military hospital are rheumatic, and in Great Britain 50. In Montreal, however, the proportion, as exhibited by the reports of the Montreal General Hospital is 60, and in Quebec it is as high as 114.

Dr. Fuller, while he admits but one disease of rheumatism, recognizes distinct modifications. "1st. Acute rheumatism, or rheumatic fever. 2nd. Rheumatic gout. 3rd. Chronic rheumatism. 4th. Neuralgic rheumatism. The second variety presents characters of gout more or less blended with rheumatism. It is not accompanied by the profuse sweating of rheumatism, very seldom involves the heart or its membrane, but not unfrequently attacks the eye, the stomach and the lungs. The articular inflammation is usually confined to one or two joints, very generally affects the smaller joints, is almost wholly within the capsule, is much less migrating than in true rheumatism, is marked by less extended redness, and is accompanied by less active symptoms of fever. But it is more obstinate in its continuance, more apt, when in an acute state, to induce disorganization of the joints; more prone, even in a less active form, to give rise to permanent thickening and enlargement, and often to frightful and irremediable distortion." (P. 55.)

Whenever conflicting ideas exist among writers as to the nature of any disease, no one plan of treatment will find general favor. The treatment in each case must accord with the pathological views of the author. The number and diversity of remedies, therefore, recommended for a malady, may be taken as safe criteria of our knowledge of such malady. If we were, by this simple way, to estimate what we know of rheumatism, we would almost feel obliged to confess our utter ignorance of the disease, as few affections have had a greater number of medicaments recommended for its cure. The peculiarity of the treatment pursued by Dr. Fuller for acute rheumatism is, he does not employ any one medicine in particular, but includes all that have ever been employed, and administers them at different times according to certain indications. As he inclines to the view of the materies morbi being lactic acid, he gives alkalies freely, with neutral salts, for the purpose of diminishing the irritant properties and promoting the elimination of the poison; "and these objects may be further advanced by the administration of purgatives, sudorifics, and diuretics, to act upon the various excretions. With the view of checking the further formation of the poison, and of restoring that healthy state of assimilation, which, at the outset of the disease is interrupted or arrested, colchicum, mercurials, and alteratives may be given, and, as the febrile symptoms begin to subside, may be combined with or followed by the use of quina, or some other tonic. In allaying

the general irritability of the system, and more particularly the irritability of the heart, opium, conium and nitre, together with the cautious administration of antimony, are remedies of the greatest value, and, if vascular action be excessive, and secretion sluggish, blood letting may sometimes be beneficially employed." (P. 73.) His favorite alkaline remedy is the potassio-tartrate of soda administered in doses of two or three drachms every four or six hours, combined with potassæ nitras, potassæ citras, liquor potassæ, vinum colchici, vinum antimonii, tinctura opii, &c. &c., as he perceives there are indications After having tried all the local applications usually employed, he finds the following by far the most powerful in allaying the pain of rheumatic inflammation. "℞ Potassæ carb. ʒi.; liq. opii sedativi ʒvi.; aquæ rosæ, ʒix. Thin flannel soaked in this mixture should be applied to the inflamed parts, and the whole should then be wrapped up in gutta percha. Markwick's epithem forms a tolerably efficient substitute for the flannel and gutta percha." (P. 101.)

The treatment of that modification of rheumatism, to which our author has given th name of rheumatic gout, is essentially the same as that of rheumatic fever. As in this form of the disease, however, there is great danger of the joints becoming permanently injured, prompt measures must be had recourse to, should it exhibit a disposition to remain seated in any of the articulations; perfect quietude of the part should be enforced, and local depletion, by cupping or leeches, followed by blisters, should be repeated until all signs of mischief have disappeared.

In sciatica, produced by effusion within the sheath of the nerve, from inflammation of the neurilemma, acupuncturation is a treatment which has been very successful. It is performed in the following manner:— "Whilst the patient is lying flat on his stomach, six or eight pairs of needles, specially adapted for the purpose, are carefully inserted into the thigh along the course of the sciatic nerve. The operation, if conducted slowly, causes little pain or inconvenience, is altogether devoid of danger, and deserves a trial in obstinate cases." (P. 304.) Sciatica depending upon this cause is diagnosed from others by the intensity of the initiatory symptoms—by the great febrile disturbance and acute pain; these being followed by more or less inability to move the limb, the patient complaining at the same time of "*a dull, aching and benumbing pain in the limb, causing it to feel swollen.*"

Of all the complications which may arise during the course of an attack of rheumatism, inflammation of the membranes of the heart, is by far the most important. Not so much from any immediate danger to

the life of the patient, but from its extreme frequency, and the certainty of its leaving, in the majority of instances, pathological changes in the heart and pericardium which are sure to eventuate in his death. He, to all appearance, recovers completely; but palpitations and dyspnœa shortly warn him that the central organ of the circulation has not escaped unscathed, and that he must prepare for a number of sequences each adding its quota to swell up the aggregate of his misery, until at length death comes a welcome visitor and releases him from all suffering. The heart affection was long looked upon as a metastasis of the rheumatic inflammation. This view, however, is now generally discarded; for, to be a true metastatic change, the inflammation ought to disappear from those parts where it first made its appearance, which we find seldom if ever occurs in rheumatism. Exocardial and endocardial inflammation, moreover, have been known to precede inflammation of the joints in rheumatic fever. It is now regarded as a condition dependant, alike with inflammation of the external parts, upon a materies morbi contained in the blood. The treatment, consequently, which is best adapted for eliminating the poison from the system is the one indicated in this complication. As, however, mercury has a powerful effect in controlling adhesive inflammation, and causing the absorption of lymph when effused, it should be administered in combination with opium, alkalies and other remedies.

Dr. Fuller has collected some very interesting and valuable statistics, bearing on the frequency of heart disease in rheumatism. From his investigations he finds "that those who have paid the closest attention to the subject agree very nearly in fixing on one-half as about the proportion of cases in which cardiac affection ordinarily *arises* in the course of *acute* rheumatism. It occurred in about this proportion (110 to 246) amongst the patients admitted into St. George's Hospital. Dr. W. Budd met with it in about one-half (21 in 43) of the cases which fell under his observation, and M. Bouillaud discovered it in about the same proportion (65 in 114)" (p. 211). The cases reported by Drs Latham and Taylor of Huddersfield agree in establishing the relative proportion to be about one-half.

A practical question of great import is:—In what class of persons is cardiac inflammation likely to make its appearance, and can anything be done to ward off the attack? Statistics prove that women and young persons are more liable than men to this complication. And good observers have noticed that nervous, irritable patients, or those debilitated from any cause, are more apt to suffer than the phlegmatic and robust. These facts admit of easy explanation. "It is notorious that, in youth,

the heart's action is not only quicker than in more advanced life, but that it is also much more readily accelerated. In women, in like manner, the heart is acted on more readily than in men, or, in other words, is more irritable, and more easily excited. In those persons, again, who have been weakened by illness, or by large and repeated bleedings, and in those peculiar states of system which are marked by a deficiency of red globules in the blood, the heart's irritability is much increased, and palpitation is readily induced" (p. 124). Now, the treatment which tends to allay the irritability of the heart, is that which must be pursued if we would save our patient from an attack of cardiac inflammation. All bodily and mental stimuli must be strictly prohibited, and such medicines administered as have a sedative influence over the heart's action.

Dr Fuller's treatise contains a fund of important practical information, more of which we regret we cannot lay before our readers, on one of the most common of the diseases that flesh is heir to.

IV.—*Annual Report of the Normal, Model, and Common Schools of Upper Canada, for the year* 1852, *with an appendix.* By the Chief Superintendent of Schools. Printed by order of the Legislative Assembly.

This is a very lengthy and elaborate document of 310 pages. The report proper includes 66 pages only, the remaining 244 being absorbed by a voluminous appendix, containing statements from Local Superintendent's reports, circulars to trustees, county clerks, town reeves, &c.; speeches made at the ceremony of opening the new buildings of the Normal and Model Schools, and sundry addresses on educational matters delivered at various times by the Chief Superintendent of Education for Canada West. No one will deny that Dr. Ryerson is eminently fitted for the position which he occupies—that he not only knows in what his duties consist, but is indefatigable in the discharge of those duties. We must, however, decidedly object to the publication, at the expense of the country, of his letters and essays. If he were desirous, moreover, of laying before the public "the means which he has employed to promote the improvement and extension of the schools, and the establishment of public libraries," he might have done so in few words, without illustrating them by copious extracts. We give the following interesting particulars from the report:—The number of schools reported is 3,010—being 9 more than the number reported the preceding year. The whole number of children between the ages of 5 and 16 years reported for 1852 was 262,-

755—being only 4,148 more than the number reported for 1851. The whole number of pupils reported for 1852 was 179,587—being 9,333 more than the number reported for 1851. There is thus a difference of 83,168 between the number of children of school age reported, and the number of children reported as attending school; and after the most liberal allowance for the number of children attending private and other schools, there is still the painful and startling fact of more than 60,000 children in Upper Canada not attending any school in 1852. The whole number of teachers employed during the year was 3,388—being 111 more than the number employed during a longer or shorter period of the preceding year. Of this number, 2,541 were males, being a decrease of 10; and 847 were females—being an increase of 121. The whole number of school houses reported was 3,008, of which 127 were brick, 160 stone, 1,249 frame, 1,427 log, and 45 not reported. The total number of libraries of different kinds reported was 1,045—increase 175; total number of volumes, 164,147—increase, 33,213.

V.—*The transactions of the Iowa State Medical and Chirurgical Society.* Pp. 48.

Some few years back Iowa was a wild uncultivated territory. Now it is one of the flourishing states of Western America. It has a medical college at Keokuk, the faculty of which publish a medical journal. It has a state medical and chirurgical society who publish a volume of transactions yearly. The energy displayed by the Iowa physicians is certainly to be commended, and ought to put older communities to the blush. Where, we would ask, are the published transactions of the College of Physicians and Surgeons for Canada East? What has this body done to elevate Canadian medicine, and make the profession known and esteemed abroad?

In the above pamphlet there are two excellent addresses—one delivered by Prof. D. L. McGugin, the other by Dr. J. D. Elbert, and there are reports from committees on Surgery, and on Obstetrics and diseases of women.

CLINICAL LECTURE.

Clinical Lecture on Strangulated Inguinal Hernia complicated with Internal Strangulation. By J. Adams, Esq., Surgeon to the London Hospital.

(From the Lancet.)

GENTLEMEN,—I shall briefly narrate to you the circumstances of this case, and endeavour to offer an explanation of a phenomenon connected with internal strangulation, a subject of considerable interest, and one presenting very great difficulties, in whatever point of view we regard it.

A young man, about twenty years of age, was admitted on Friday, Oct. 22nd, 1853, with symptoms of acute strangulation of the intestine. His history is this: He had been the subject of hernia for twelve years, and had always worn a truss until nine months ago, when he left it off under the impression that his rupture was cured. It never reappeared until the morning of the 21st, when, on attempting to lift a heavy weight, it descended, and he began to complain of severe pain in the part extending over the abdomen. He was sick immediately, and the sickness continued until this morning, when it ceased on his refusing to take either fluids or solids. His bowels had not been open since the descent of the gut. When admitted, he presented a very anxious appearance, and complained of great pain in the belly, the pain extending over the lower part of the abdomen; his pulse was small and thready, indicative of great internal irritation. He had been put in the warm bath when I first saw him. There was an elastic swelling in the upper part of the scrotum, about the size of a walnut; this was protruding through the outer ring; it was tense, but not altogether incompressible, and there was a distinct impulse on coughing; handling it gave great pain. The taxis produced no change in the tumour, and I therefore advised the operation.

The sac was opened, after its neck had been freed by dissection, as no stricture could be felt as far as the finger could reach, and about an ounce of dark bloody fluid escaped; no gut was visible, but on carrying the finger within the sac towards the abdomen, a considerable coil of intestine could be felt, tense, and evidently begirt by the contracted neck of the sac. The stricture was so high up that a curved bistoury would not reach it, owing to the curve of the instrument and the small size of the outer wound. I therefore with my finger broke down a part of the constringing neck, and with very little difficulty pushed the gut back into the abdomen. The patient was ordered to be kept quiet, without medicine, until the evening, seven or eight hours from the operation, when he had an injection, and took a dose of calomel.

On the following morning he was in every respect worse; there had not been the slightest relief in any one symptom, and he died about twenty-two hours after the operation, with obscure symptoms of strangulation.

The body was examined, and the following were the appearances found:—No gut was found in the hernial sac, but within the abdomen at least two feet of the small intestine (ilium) was found strangulated through a slender ring of membrane connected with two points of the mesentery. This gut was as black as a coal, and evidently all but gangrenous.

It is to that latter condition that I wish to direct your attention especially. I need scarcely say that I was much vexed at the issue of the case, and, as everything appears to have been favourable at the time of the operation, I was more solicitous to see the reason of its failure. The post-mortem relieved my mind at once.

The complication of an internal strangulation with hernia I have frequently remarked. There is a preparation in the museum of a case of this description. A man was brought into the hospital with a large scrotal hernia, and with all the symptoms of strangulation. The hernia was reduced without much difficulty; but the symptoms continued, and increased in urgency, and in a short time the man sank unrelieved. I examined the body, and found an internal strangulation, to the extent of ten or twelve inches, of small intestine, which had passed through a ring of membrane connected with the mesentery. Now this was the case in the subject before us; but there is this difference, however, that in the latter example there was a portion of the intestine in the hernial sac, obviously strangulated, and requiring an operation for its relief; whereas in the former case the gut was readily reduced by the taxis.

Let me, however, direct your attention to what is supposed to be the true explanation of this phenomenon; and I believe it to be this: Many of you are aware that in the early periods of embryotic existence there are some vessels which, springing from the mesentery, take their course towards the umbilicus, whence they pass out, and having reached a small sac on the outside of the amnion, they distribute themselves around it. The sac itself is called the *vesicula alba*, or the umbilical vesicle, and is the analogue of the yolk of the egg of the bird. It is supposed even in man to communicate by a slender duct with the small intestine near its termination, and the vessels have been traced along it. Müller has given an excellent description of this. The true arrangement and connexion of these vessels and the duct of the *vesicula alba* cannot be well understood without a very accurate knowledge of the anatomy of the embryo, and into this it is not for me to enter in this place. I must refer you to Müller's Physiology, where you will find a full description of this in a note by the translator, at page 1581 of the second volume. Suffice it for me to observe to you that two slender threads, enclosing a piece of intestine, pass from the mesentery towards the umbilicus in the embryo, of about one inch and a half in length.

Now, under ordinary circumstances, all traces of these structures have long since disappeared at birth; but presuming that some arrest has occurred of the process of obliteration, a ring of membrane remains, enclosing a piece of intestine, through which a coil of gut can pass, as is known not unfrequently to occur under the influence of extraordinary exertion, or from some irregular action of the bowels. I don't think, therefore, that I am far out in stating that the disease in question depends on an arrest of developement.

In such a case can anything be done? If there were any positive signs by which this condition could be made out, it is our duty to cut into the abdomen, and, by dividing the ring, disengage the intestine. I admit the subject is one of difficulty, as the means of diagnosis are obscure, and most, if not all the operations undertaken with the view to relieve such cases have failed; but I do not despair of success at some period or other. I was called

some time since to see a youth suspected to be dying of this disease. It was supposed that this complaint had gone too far to admit of relief by operation; the post-mortem revealed to me the decided impression that the operation would have succeeded. Now, if you think yourselves justified, in a case of obstruction supposed to be of this character, to cut into the abdomen, I need not remark to you that you should select in preference the right inferior region of the abdomen, as the seat of this form of strangulation must, from anatomical reasons, be there found. You must, however, bear this in mind before you determine on the propriety, that there are many cases of internal obstruction independent of that I am now considering, and I candidly own that I know of no positive diagnostic signs of it. Some of you, I dare say, remember a case of this sort which was in the hospital last year, and in which an operation was performed; the case turned out to be one of the character now referred to, and I doubt not that a vast number of fatal cases of obstruction come under the same category.

THERAPEUTICAL RECORD.

(*From the British and Foreign Medico Chirurgical Review.*)

Diabetes Mellitus.—Dr. Barham has tried permanganate of potass in doses of gr. x three times daily without any beneficial result. He has employed alkaline treatment with advantage.

Fever continued.—Dr. Brinton recommends at the commencement of fever an emetic of ʒi of ipecacuanha wine; afterwards a stimulant plan of treatment, consisting of the administration of small quantities of brandy, beef tea, &c. In great abdominal pain and tympanitis turpentine stupes and enemas are used.

Quinine in Typhoid Fever.—After an extensive trial of *large* doses of the remedy Mr. Magade concludes that it is eminently useful when the fever assumes the remittent form, that it is also useful but less so when there are less regular remissions; that it is seldom useful and often hurtful in typhoid fever of continued type.

Gout.—Carbonate of soda, an old remedy, is being again revived. A drachm is to be mixed with hot bread poultices applied over the joint.

Menorrhagia.—In cases of abundant menstrual flow without physical uterine lesion, Dr. Tanner speaks highly of the effect of tinct cinnamon in ʒi doses in cinnamon water every six hours.

Pityriasis capitis.—Dr. May (*Lancet*, Sept.,) recommends a lotion of biborate of soda (ʒ ss), camphor (ʒ ij.) and water (ʒ xxx ij.), twice a week the scalp is gently wiped with a soft flannel saturated with the solution.

Mr Duplex (Lancet, Oct.) advises the nitrate of mercury ointment, mixed with a little olive oil, to make it more manageable.

Mr O'Connor (ibid), who has tried the biborate soda without effect, recom-

mends washing the head in cold water, and the administration by the mouth of the sesquicarbonate of soda in some bitter infusion.

Mr Winger (ibid) speaks highly of the following lotion :—Fresh sulphuret of potassium (ʒ i.), water (ʒ iii.), to be used daily.

Priapism.—Dr Debont (Gaz. des Hop.) calls attention to the efficacy of the tincture of hops in priapism. The effect seems heightened by combining sugar with it.

Ptyalism.—Dr Erpenbach relates a case of severe mercurial salivation arrested by the internal use of belladonna. The salivation returned when tne remedy was discontinued, and was again checked by it.

Sciatica.—Mr Hancock believes that most cases of sciatica are caused by pressure on the nerve within the pelvis, either by accumulation in cœcum and colon or by tumors. He recommends croton oil internally to remove fœcal accumulations, in dozes of half a drop, combined with blue pill. Quinine is to be given after the croton oil has fully operated.

Spleen, Tumor of.—In a case of splenic tumor Dr Gurtac has employed the sulphate of manganese with good effect, in doses of one to one and a half grains, twice a-day, in the form of pill.

Tape Worm.—Dr Mackinnon recommends a remedy called in Northern India "Kamuyla;" it is better than turpentine or Kousso. Dose of powder two or three drachms. Price moderate.

Lead Poisoning.—Dr. Goolden (Lancet, Dec.) records a case of lead-palsy successfully treated by the iodide of potassium and by galvanism. After the commencement of the treatment the urine was examined for lead by Dr. Gladstone, who believes that lead was present, though the examination was not perfectly decisive.

PERISCOPE.

ENGLISH.

New Modification of Syme's Amputation, invented by Professor Pirozoff of St. Petersburg.—This operation, which is described in one of the volumes of the "Zeitschrift fur Wiener Aertzte," by Professor Schuh, who has performed it frequently with excellent results, is stated in the "Medical Times" for May 6th, to have been practised successfully on two cases in the Dantzig Hospital. It differs from Mr. Syme's operation in preserving the posterior portion of the os calcis which is left to fill up the heel flap. The incisions are made exactly as directed by Mr. Syme: after performing the first from one malleolus across to the other, the operator need only prepare the integuments about a line or two backwards from the inferior surface of the os calcis; he then proceeds to the execution of the second incision across the front of the joint; the astragalus is next exarticulated, and the os calcis divided with the saw behind the posterior extremity of the astragalus, the

posterior extremity of the os calcis being preserved in this proceeding, and the heel flap thus completely filled out by the bone. The saw then is applied to separate the malleoli, and a thin slice of the articular surface of the tibia, and the cut surface of the last named bone being brought into apposition with the cut surface of the os calcis, the skin flaps are accurately united by ligature. The advantages of this operation are stated to be: 1st, we obtain a longer stump than by Mr. Syme's method, and its extremity is firmer and better adapted for bearing pressure; 2ndly, the healing process takes place quicker than in Mr. Syme's operation, the cavity of the heel being filled by the bone; 3rdly, there is no danger of the heel flap being deprived of the necessary supply of blood, as it is easy to avoid dividing the posterior tibial artery high up in the wound. Of course this operation implies the necessity of the os calcis being perfectly healthy, at least in its posterior part.—*Dub. Hosp. Gaz.*

To Destroy the Bitter Taste of Quinine.—Dr. W. H. Edwards, of Surry, VA., says:—The extreme bitter taste produced by the exhibition of quinine frequently puts it out of the power of the sick to retain enough to answer the desired purpose: particularly by children of irritable stomachs this medicine is often rejected. To my medical brethren I would say the taste of quinine may be completely destroyed, and its virtues retained by the mucilage of slippery elm bark. Provide a mug or tumbler of cool water, into which immerse a few *pieces* of the inner bark of slippery elm, say four or five inches long; after standing a short time, take out the pieces of bark, and with the thumb and forefinger scrape or draw off enough of the thick mucilage which attaches itself to the bark, to fill a common tablespoon.

This done, the dose of quinine may be dropped in the middle of the mucilage and with a straw or the point of a knife gently stir so as to envelope it fully in the mucilage, minding at the same time not to let the quinine touch the sides of the spoon.

Thus prepared, the quinine with the mucilage may be swallowed, tasting nothing but the mucilage; and so perfectly is the taste destroyed, that were you not to admit the fact, it would never be known that quinine was taken.—*Stethescope.*

GERMAN.

On the difference between Phthisis and Tuberculosis.—The opinions of pathologists in regard to the nature of tubercle may be divided into two classes. Rokitanski* and his disciples consider it a specific exudation; Virchow and others regard it as a mere retrograde metamorphosis.

Lebert claims to have discovered a tubercle-corpuscle which characterizes the specific exudation of tuberculosis, and Dr. Donaldson, of Baltimore, and

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* Handbuch der Allgemeinen Path. Anat. p. 413.

other good microscopists in this country confirm this view, which places tubercle in the same anatomical category with cancer.

Virchow, on the other hand, considers tubercle as co-ordinate with the waxy and fatty metamorphoses, (see Würtzburg Verhandl., band ii., p. 72,) calcification, atheromatous degeneration, etc., but altogether different from cancer, suppuration, the results of inflammation or serous effusion. Tubercle, according to this author, is composed of dead tissues, which have perished in consequence of the accumulation of cells amid their vessels, by which circulation was impeded and nutrition ultimately abolished. When tuberculous metamorphosis takes place in the lungs, Virchow states that the first step consists in an increased epithelial growth in the air-cells. Subsequently these cells fall to pieces, leaving a glandular detritus, in which the shrivelled nuclei arising from the remains of cells can be observed as irregular opaque bodies.

Virchow says that these nuclei constitute the tubercle-corpuscles described by Gluge and Lebert. The tuberculous metamorphosis may effect either physiological tissues or pathological tissues, as cancers, sarcoma, the products of glanders, typhus, etc., it is everywhere produced by the accumulation in the tissues of cells of the most varied kinds, these cells usually breaking up; so that there is no peculiar element of tubercle.

We have thought it necessary to recapitulate the above views, before giving a brief notice of a later paper by Virchow on the same subject, in which the learned author insists on a difference between pulmonary tuberculosis and pulmonary phthisis.

The expression tuberculous metamorphosis by which he has previously designated the morbid modification by which tubercle is everywhere produced at the expence of the organized elements of our tissues, is now considered inappropriate by Virchow, and he proposes to substitute the term *caseous metamorphosis (kasige metamorphose)* as more characteristic.

It is wrong to regard tubercle and phthisis as identical. The cheese-like exudation of the pulmonary parenchyma, whether derived from true tubercle or from a thickening of the morbid bronchial secretion, is not a necessary condition of phthisis. Virchow seems to incline to adopt Morton's definition of phthisis:

"Phthisis pulmonalis est consumptio totius corporis cum febre, a mala affectione et ab ulceratione pulmonum tandem originem ducens. Quæ quidem est phthisis maxima famosa et præstantia dicta, de qua auctores tractare solent, tanquam nulla esset alia phthiseos species. Hæcce phthisis pulmonaris est vel originaria, quæ a mala diathesi et ulceratione pulmonum primo instante dependet, vel secondaria et symptomatica, quoties scilicet pulmones a morbis præcedentibus jam altius afficiuntur."

The lung may be ulcerated, and cheesy matter present, and there may be no tubercle after all, the case being ulceration of the bronchi, and the caseous matter only concrete pus. Reinhardt, who sees in tubercle only the results of repeated inflammations, and Carswell, have demonstrated that very many of the lesions of the lungs which are attributed to tubercular disease are only the results of suppurative pneumonia. The cheesy-looking masses which these authors have found in the bronchi and alveoli of the lungs, and which they have proved to consist of thickened pus, do not merit the name of tubercle, for we find in these very masses the true tubercle precisely like what

is seen in tubercular meningitis. Acute tuberculosis of the lung is as distinct from suppuration as chronic tuberculosis; in both cases the softened tuberculous mass is derived from a grey, cellular structure, remarkable for the friability of its cells, and the great number of their nuclei, which can be nowhere better distinguished and examined than in the mucous membrane of the bronchi. This is, then, a tubercular bronchitis, in which the bronchial walls secrete pus and contain tubercles, as, in meningitis, we find purulent infiltrations beside the characteristic tuberculous granulations.

Virchow, then, would have us separate tubercle from phthisis. The questions concerning the antagonism between phthisis and certain diseases or certain regions, will be rendered less obscure by adopting this course. The etiology of the two affections can also be more properly investigated. Accustomed as we are to regard tubercle as a product of dyscrasia, as a specific exudation which necessarily involves a specific alteration in the blood, we are induced to consider pulmonary phthisis as the local expression of a peculiar dyscrasia, dependent oftentimes on hereditary predisposition, and therefore the more hopelessly incurable. — *Verhandlnngen der Phy. Med. Gesellschaft in Wurtzburg*, Band. III., p. 98.—*Virg. Med. & Surg. Jour.*

FRENCH.

Canchalagua (Lebœuf.—Le canchalagua est une plante de la famille des gentianées et du genre chironia; le pére Feuillée est le premier botaniste qui l'ait décrite sous le nom de centaurium minus, purpureum patulum, vulgo cachen: Molina lui a donné le nom de gentiana cachanlahuen, unissant ainsi le nom chilien à celui de la famille naturelle; Persoon l'a appelée erythrœa chilensis; Lemark, gentiana peruviana, et enfin la dénomination de chironia chilensis, appliquée par Wildenow, a prévalu dans les dernières classifications botaniques.

Cette chirone, originaire du Chili, se rencontre également sur les côtes du Pérou. Appelée par les naturels du pays cachan-lahuan ou cachen-laguen, son nom s'est altéré en passant dans d'autres langues; ainsi Valmont de Bomare la désigne sous le nom de chancelagua, déjà précédemment imprimé dans les Mémoires de l'Académie royale des sciences; Lesson sous celui de cachalouai; mais le nom de canchalagua, consacré par la pharmacopée espagnole, ayant été adopté en Amérique et en Espagne, sera le terme vulgaire que nous devrons lui conserver.

Le canchalagua semble réunir les principes actifs des gentianées portés à leur plus haut degré de puissance; ses propriétés ont paru si remarquables aux voyageurs et aux hommes de science, que tous s'accordent à le signaler comme un des agents thérapeutiques les plus recommandables.

Les propriétés et le mode d'administration du canchalagua sont décrits par Ruiz ainsi qu'il suit: On fait au Pérou et au Chili un fréquent usage de cette plante, dans le but de tempérer, d'atténuer et de purifier le sang, ainsi que pour relever les forces de l'estomac et pour couper les fièvres intermittentes. On le regarde, en raison de ses propriétés sudo-

rifiques, comme spécialement utile contre les douleurs latérales sans fièvre ; on l'a vanté contre l'angine, la goutte ; la méthode la plus usitée au Chili et au Pérou pour son administration consiste à faire infuser quelques plantes dans l'eau froide pendant plusieurs heures et prendre à jeun 4 à 8 onces de cette infusion ; quelques personnes en prennent deux ou trois doses par jour de 4 onces chaque fois.

On prescrit rarement le canchalagua en décoction, car son principe amer se dissout avec facilité et promptitude dans l'eau froide. Cependant on voit quelques personnes le prendre en infusion théiforme avec du sucre et remplacer ainsi l'herbe du Paraguay [cassine perragua, Linn.] appelée maté dans cette partie de l'Amérique. Il y a même des médecins qui recommandent de le faire bouillir légèrement, persuadés qu'il cède ainsi plus facilement ses principes médicamentaux.

La dose du canchalagua sec peut s'élever, d'après mes observations, depuis 2 gram. jusqu'à 4 gram., en retranchant de ce poids la racine, qui est presque insipide et plus lourde que les autres parties de la plante. Le cachalagua frais peut se donner à la dose de 4 à 12 grammes. Je dois ajouter que j'ai employé le canchalagua comme un excellent tonique contre les gastralgies et la goutte.

Opiat antiblennorrhagique.—Formule publiée par le docteur J. Beyrand, médecin de l'Hopital impérial de Tersané, à Constantinople.

Copahu	420 gram.
Magnésie calcinée	30 —
Alun	40 —
Cachou	60 —
Cubèbe	360 —
Camphre	10 —
Opium brut	3 —
Essence de rose ou de menthe	20 goutt.

F. s. a. un opiat

Une expérience de plusieurs années, et surtout celle de ma pratique générale dans deux hopitaux comme chef de service, m'a démontré l'efficacité de ce composé dans plusieurs cas d'hypersécrétion des membranes muqeuses et surtout dans les blennorrhagies subaigues ou chroniques sans rétrécissement urétral.

La dose de cet opiat est d'une à deux cuillerées à café par jour ; on l'administre enveloppée dans du pain azyme humecté deux heures avant et trois au moins avant le repas.

Dans le plus grand nombre de cas, j'ai employé cet opiat dès le début de la blennorrhagie, qu'elle soit inflammatoire ou non, et sans préparation préalable par les antiphlogistiques ; le résultat de cette pratique fut toujours couronné de succès.

Dans les premiers jours de ce traitement l'écoulement restait stationnaire ; il diminuait ensuite et disparaissait enfin dans l'espace de trois à sept jours, quelquefois pourtant de sept à quinze et six cas ont duré de vingt à trente-deux jours, et cela sans injections astringentes. C'est

ainsi, et avec le même succès, que j'ai traité les érections douloureuses, les rougeurs du méat urinaire et les suintements muqueux si fréquents après la cessation de la blennorrhagie.

Therapeutique comparee de la fievre typhoide (Secrétain.)—1° L'expectation pure et simple a fait le fond du traitement; avec elle M. Secrétain a perdu 2 malades sur 18, dont 8 légers, 8 moyens, 2 graves. A envisager le chiffre brut, cela peut paraitre un beau succès; à ses yeux, c'est un déplorable malheur, car sur deux cas graves, les deux malades sont morts.

2° Il a mis en usage ce que l'on est convenu d'appeler la médecine des symptomes: sur 61 cas ainsi traités, parmi lesquels 26 graves; 24 moyens, 10 légers, il a subi 16 décés, plus de moitié des cas graves.

3° La rémittence des symptomes l'a induit à l'administration du sulfate de quinine; sur 42 cas, dont 14 graves. 22 moyens, 6 légers, il a eu 6 décès. Encore, ou à très peu près, la moitié des cas graves.

4° La méthode évacuante n'a pas eu de plus encourageants résultats; sur 12 cas, dont 9 graves, elle compte 8 décès.

5° Sept malades, dont 5 graves, 1 moyen et 1 léger, ont été traités exclusivement par l'eau froide, intùs et extrà; aucun n'a succombé.

6° Enfin la méthode antiphlogistique a eu sa part aussi dans l'œuvre entreprise. Sur 7 cas, dont 6 graves et 1 léger, il y a eu 6 morts. M. Secrétain en conclut que si c'était abus de proscrire toujours une telle méthode en matière d'épidémie, il est rationel au moins do s'inspirer un peu du génie qui la domine. Nous devons ajouter toutefois que, dans la même épidémie, M. Giraudet, partisan exclusif de cette méthode, n'a perdu que 4 malades sur 15.—*(Annuaire de Therapeutique.)*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

EXAMINATIONS AT THE LICENSING BOARDS.

A correspondent in an Upper Canada newspaper, while indulging in some strictures on the Medical Board of Canada West, has made a few assertions that, as defenders of truth, we cannot allow to pass uncontradicted. He openly states that some students who are doubtful of success, or who have been rejected, find it easier to pass through the hands of the Medical Board of Lower Canada than those of Upper Canada; thereby drawing an invidious comparison between the respective licensing

boards of the Province, and imputing to one a higher standard of medical requirements than can be claimed by the other. This is bold effrontery, but it is preceded by bolder. For he has ventured on an unqualified declaration that this board [C. W.] has the reputation of being the strictest as regards qualification, &c., on this continent; thus insidiously implying that in this particular it exceeds all other boards of examiners than the licensing, as those of universities, &c.; and that this is evidently his meaning, appears from some gratuitous remarks about Trinity University. So that we have two assertions for consideration. 1st, The *relative* superiority of the licensing board in Canada West; and 2d, Its *acknowledged* superiority over every examining board in America.

Concerning the 1st, we would observe, that possibly the writer has been deceived by a notorious fact that many Upper Canadian practitioners hold the Lower Canada license. But to construe this into a demonstration that they were or would have been rejected in Canada West is to give currency to a gross calumny impeaching alike the honesty of the examiners, and the proficiency of the examined. The truth is, many students come from the upper province, year after year, to attend lectures in this city, and at the end of the session, having responded to the proper tests, leave with a license ad practicandum. And what is the interpretation? It cannot be merely that they wished to pass; for, were that the only motive, they could be spared the expense of residing for one or more winters in a city away from their friends. No the object is that they may also prosecute their studies; since they believe that here the course of education is better, the teaching superior and the qualifications higher. Who can therefore censure them for their preference? Who cannot also understand that naturally they select the board in the city where they have been matured, and at the termination of the sessions when they are best prepared for examination? They never attempt to procure a license immediately upon arrival and we defy the correspondent to bring forward an example of a student plucked at Toronto who immediately after passed at Montreal. Another reason for the choice is, we believe, that more *eclat* is supposed to be attached to the license of the Lower Canada board, and correctly so; for, witha right it also confers the honor of membership of the College of Physicians and Surgeons L. C. Of the young practitioners settled throughout U. C., the large majority proudly possess the diploma, and on inquiry it will be ascertained that they pursued their studies in Montreal during one or more winter sessions of their pupilage.

Considering the parties that compose the Toronto board, the bitter feelings animating the partizans, and the contentions of the teachers of

one school with the students of another we are astonished that so large a number, as do, submit to its ordeal. There, it would seem, the student may be rejected simply because he had the misfortune to get into the wrong hands,—into the fangs of the opposition. Be he ever so brilliant his fate may be doomed when it is whispered that he did not attend "our" school, and his examination cannot be begun without first discovering whose classes he followed. Rolph men sitting in judgment on the Trinity youths and the Trinity men on the Rolph youths. The ex-professors of Toronto University struggling against both parties, or joining either one as the diversion seemeth most delightful. That we have not overdrawn the subject we quote from the correspondent "no candidate is examined by his own teachers but by some of the other members present, who are chiefly connected with rival institutions." How much abuse of authority and over-riding of judgment, by feeling, lay concealed beneath this guise of impartiality we dare not estimate,—it is enough for us to inquire: Will any one after learning this be surprized that gentlemen should shun both schools and examiners, and seek refuge in Montreal to be educated and privileged—where among manifold advantages, justice stands preeminent? It appears that even those who witnessed the late examinations at Toronto, were of the unanimous opinion that they were very unfair and regretted to observe the proceedings occasionally characterized by much unpleasant feeling and the absence of harmony. And as a grand finale two thirds of those who presented themselves were rejected. This, however, is no proof of superiority in the board, nor of ignorance in the candidates, for the most expert student may be puzzled by the least talented examiner, if the latter be sufficiently dishonest to ask crabbed questions on uncommon subjects, and prime himself from authors only read by practitioners. But an act like this, paltry and discreditable though it be, defeats the very object sought to be gained, since thereby neither competency nor inefficiency can be determined.

The only unexceptionable manner in which the fact of relative superiority could be tested is obviously not practicable. It being impossible to ascertain the comparative ability of examiners, and of the functions they discharge. The results of the two boards would also be fallacious, from the working of corruption in the one, and the freedom from it in the other. Relying, however, upon information ascertained from a large number of gentlemen, we have no hesitation in assigning the superiority to the College of Physicians and Surgeons, L. C. We have known students who, after passing at Toronto, came to Montreal for further study, and at the end of the session be only *then* as well qualified

as others who were presenting themselves before the College of Physicians and Surgeons, L. C., and in some instances but very little better than those who had been rejected by this tribunal. Nor would it be surprising that students, after having been rejected at Montreal, should go to Toronto and pass their examinations before the board of that city with credit. And we have been repeatedly assured by parties wholly disinterested that any comparison instituted between the two boards must end in favor of the Eastern.

After this admission, the second assertion might be dismissed unnoticed, for if the examinations be more elevated at the College of Physicians and Surgeons, what must they be at the other Faculties which are well known to be its superiors? Any of the Canadian Universities, having a medical department, would illustrate this. Take, for instance, McGill College as the most flourishing. There the student, besides undergoing a longer trial than at any board which merely grants a license, is examined on additional subjects in medicine, so that he may possess a higher standard of professional excellence. It is, therefore, no wonder not a session ends but offers examples of students who pass easily at the board after being deemed wholly unqualified by the University. Nor is it singular that a high price should be set on the degree by its owners. How false, then, is the assertion of the acknowledged superiority of the Toronto Board over every examining board—how reckless its fabricator!

THE CZAR'S MADNESS.

The autocrat of all the Russias, whose submission the allied powers of Europe have undertaken to secure, has lately been made the subject of a psychological disquisition in Winslow's Journal.

It is attempted to shew that the Emperor is mad, a bona fide lunatic whose mind for some time back has been non compos—that his disorder has been gradually forming, and has lately become fearfully aggravated. The plot of occupying the Moldo-Wallachian principalities, and perspectively Constantinople, is the device of a disordered brain, and the military movements now made proceed from a similar source. His delusion is of a religious cast, so that he is heard to enlarge upon the holy character of the war, and his being under the special protection of the Deity. All of which features should, it is thought, warrant any clever surgeon in certifying his fitness for an asylum or straight jacket. The climax, however, of the whole is the supposition that had a few leeches and blisters been applied to the Imperial head and his Majesty subjected to a course of purgation, warm bathing, and the application of the douche,

the great calamity of a European war would have, in all probability, been averted. A wise physician consequently could have done the state more service than the wiliest diplomatist. We do not believe however, in any such arrant vagary, as well might we believe he is the amiable creature represented by Mr Pease or the young Nick of great promise parentally claimed by the Prince of Darkness. There is no evidence before us of the insanity of the Czar. His health latterly has been much shattered by different attacks of illness, but none ever reached his brain. His memory continues unimpared. No weakening of his mental faculties has been noticed, and although of old age he exhibits no sign of imbecility. His moral nature has suffered no change; at most it can only be said he is rather more sober and morose than is his wont. He still is and always has been very prone to fits of violent anger, but these are not morbid in one of a despotic and irritable tendency involved in perplexity and embroiled in calamity—subject to a perpetual recurrence of cares and vexations in public and private so that his ears are never out of a hornet's nest. The only wonder is that he is not driven mad. We have been chiefly induced to notice the above as another proof of the present desire to refer every atrocious villany to a diseased mind.

Health of the City.—The anticipations so long entertained concerning the invasion of this city by cholera, have at length been realized. The ruthless destroyer was imported here by some German emigrants, who were brought from Liverpool in the ship John Howell. Further cases broke out among the passengers by the Adler. Four days after the admission of the first case into the General Hospital, evidence of the pestilence having reached the citizens, was furnished by the occurrence of, among others, two remarkably severe cases, which speedily proved fatal, in spite of a fair trial of the orthodox treatment. We regret we are so far unable to give any statistical information of a sufficiently comprehensive kind to be worthy of publication. We hope that the means for furnishing such matter will not be long postponed.

Cholera in Quebec.—We have just room to add, that we have been notified of the presence of cholera in Quebec. The first death occurred on the 21st June; and the disease was first seen among the passengers of the John Howell and the Glenmanna.

Statistics of the Montreal General Hospital.—From the report of the Governors for the year ending 21st April 1854, as furnished by the Secretary, Dr. R. P. Howard, it appears that 1062 in-door patients and 2472 out-door patients were treated during the 12 months. Of the in-door patients there have been discharged cured, 914; dead, 70; and remaining, 78. 1012 were admitted since the last annual return was made, and comprised 735 males, and 377 females. The number of in-door patients is greater than that of the preceding year by 178; and that of the out-door by 131. The expenditure during the year amounted to £2,024 4s 2d. Of the receipts £1,000 was granted by Government; £174 3s 11d furnished by pay-patients; and £45 paid by students for tickets of attendance. The balance in the hands of the Treasurer is £151 18s 11d. The expenses exceed those of last year by about £300. This noble Institution is entering upon the 33rd year of its existence.

Trinity College, Toronto.—Pass List.—At the close of the last winter session, Mr. Wm. Gilmour passed his final examination, and the following gentlemen the first examination for the degree of Bachelor of Medicine:—W. Herriman; E. Goodman; W. Bettridge, B.A.; J. Ryall; D. E. Brudett; and P. R. Lewis.

Medical Board, C. W.—The following gentlemen were admitted to practice Medicine, Surgery, and Midwifery, at the last meeting of this Board:—Wm. R. Smith, of Waterford; Edwry Ogden, of Cookville; D. R. Williams, of Matilda, J. R. Graham, of Simcoe, and Henry McNaughton, of Calesden. The licence to practice Surgery only was granted to Daniel Cline, of Aylmer. Two of these gentlemen pursued their studies at Trinity College, the remainder at the Toronto School of Medicine. Twelve gentlemen were remanded for further study.

BOOKS RECEIVED FOR REVIEW.

Erichsen on the Science and Art of Surgery, 1854. Abel and Bloxam's Hand Book of Chemistry, 1854. Meigs' Woman, her diseases and remedies; third edition revised and enlarged, 1854. Griffith's Universal Formulary; a new edition carefully revised and much extended by Robert P. Thomas, M.D., 1854. From Messrs. Blanchard & Lea, Philadelphia.

Thompson's Clinical Lectures on Pulmonary Consumption, 1854. From Messrs. Lindsay & Blakiston, Philadelphia.

The Transactions of the Iowa State Medical and Chirurgical Society.

HOSPITAL REPORTS.

MONTREAL DISPENSARY—SEMI-ANNUAL REPORT.

From 1 November 1853 to 1 May 1854.

Patients admitted—110; discharged cured, 68; relieved, 39; as unfit patients, 3; died, 1; remaining, 6.—

12 were attended at their own residences.—

Ages—Under 2, 10; from 2 to 8, 16; from 8 to 20, 22; from 20 to 40, 39; from 40 to 60, 31; over 60, 12.

DISEASES AND ACCIDENTS.

Febris Comm Cont	1	Dentitio	2	Cophosis	1
" Gastro-ent	1	Diarrhœa	2	Lepra Chron	1
" Intermit	1	Dysenteria	4	Psoriasis	1
" Remitt	1	Dyspepsia	3	Erythema	1
Scarlatina Ang	1	Gastritis Chr	2	Phlegmas Dol	1
Varicella	1	Hypochondriasis	1	Periostitis	1
Rheumatismus	4	Tonsillitis	3	Ostitis	2
Pleurodynia	1	Tympanites	1	Arctus Coarct	1
Marasmus	2	Verminatio	3	Arthritis Chr	1
Scrofulosis	3	Eclampsia	1	Distort Carpi	1
Anasarca	1	Hysteria	2	Hydrarthus	1
Morbus Cordis	2	Melancholia	1	Synovit Acut	1
Palpitatio	1	Mimosa	1	Abscessus	3
Bronchitis Acute	4	Amenorrhœa	1	Ambustio	1
" Chron	4	Cystalgia	1	Contusio	1
Catarrhus	4	Dysuria	1	Fractura	3
" Senil	4	Gonorrhœa	2	Ulcus	6
Influenza	4	Syphi cachex	1	Vulnus	2
Pleuritis	1	Varicocele	1	Tumor	1
Phthisis	2	Varix	1		
Constipatio	3	Ophthalmia	1		

Disease proving fatal—Eclampsia.—Attending Physicians—November and February, Drs. Peltier & Jones: December and March, Drs. Fenwick & R. P. Howard: January and April, Drs. Boyer & Wright.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec from the 29th April to 1st June, 1854, inclusive.

	Men.	Women.	Children.	Total.
Remained,	15	8	0	23
Since admitted,	100	18	6	124
	115	26	6	147
Discharged,	32	10	2	44
Died,	3	0	1	4
Remaining,	80	16	3	99

Fever,	17	Ulcers,	8
Inflammation of Lungs,	10	Wounds,	2
Inflammation of Liver,	2	Contusions,	10
Inflammation of Bowels,	2	Burns and Scalds,	5
Rheumatism,	6	Pregnancy,	4
Dysentery,	6	Febricula,	6
Small Pox,	1	Feb. Intermittens	3
Dropsy,	1	Disease of the Heart,	1
Diseases of Skin,	3	Diarrhœa,	1
Inflammation of Testicle,	1	Delirium Tremens,	1
Syphilis,	16	Periostitis,	1
Fractures,	6	Fissura Ani,	1
Concussion of Brain,	3	Hemorrhoides,	1
Abscess,	8		

C. E. Lemieux, House Surgeon.

MONTREAL GENERAL HOSPITAL.

General Paralysis.—Incomplete.—(Reported by Mr Nelson Loverin.)

Robert Candle, labourer, aged 39, admitted under Dr. Fraser May 8th, 1854, with general paralysis of a month's standing.

It came on about five weeks before admission, by a severe pain between the shoulders and in the loins, attended, after a day or two, with stiffness and loss of power in the muscles of the lower extremities, shoulders, and arms, and subsequently by severe pain.

When admitted, he was totally unable to walk, or even to turn in bed, and had that stupid expressionless appearance so often formed in chronic disorders of the nervous centres. The tongue was thickly furred, the skin hot and dry, the pulse 130, strong and full, the urine scanty and high-coloured, but voided freely, and the bowels regular. Any attempt at moving the limbs caused acute pain, and he had not slept for the three previous nights. He was ordered a dose of calomel and Dover's powder, to be followed in the morning by a cathartic draught.

On the 19th, his skin had become moist, and the pain considerably relieved, though he was still unable to move his limbs. He was ordered one ounce of the following mixture three times a day:—

℞ vin. colch. ℥ ss.; potas. iodid. ʒ i.; potas. nit. ʒ ij.; liq. pot. ʒ i.; tr. digitalis ʒ ij. aq ℥ xi.; *m.* ft. mist; and the following pill at bedtime:—℞ cal. gr. ij.; pulv. opii. pulv. ipecac aa. gr. j. ft. pil.

On the 11th, he could walk with great exertion and a little assistance, but there seemed to be a remarkable want of power to direct the muscular movements. The treatment was continued, with the addition of dry cupping to the spine, and sinapisms to the extremities.

On the 12th, he could walk a few steps without assistance, but was in constant danger of falling, from being still unable to command the action of his muscles. He was cupped between the shoulders to the extent of five or six ounces, and the cupping directed to be continued along the spine from day to day.

Under this treatment, which was continued (with slight intermissions, owing to the supervention of diarrhœa) until the 28th, he so far reco-

vered, that, at that date, he could walk firmly and steadily, though his limbs were still somewhat stiff. The pills and the colchicum mixture were then discontinued, his gums having been slightly touched, and the following mixture was substituted:—℞ potas. iodid. ʒ ss.; tr. gentiana co ℥ i.; aq. ℥ v.; *m.* coch. ampl. ter in die. This mixture was continued until the 9th of June, when he was discharged perfectly cured.

Remarks.—The lesion in this case was probably confined chiefly to the meninges of the spinal cord and base of the brain, including the cerebellum, the function of which, (according to modern physiologists muscular co-ordination), was deranged. It was apparently of a rheumatic character. Cupping along the spine seemed to be the most effectual of the remedies employed. The colchicum, digitalis and potash mixture increased his urine in quantity, removed the heavy deposits of lithates, and, at the same time, tranquilized the vascular excitement. The precaution was taken of touching his gums with the mercurial, lest any effusion should cause abiding pressure on the cord or central origin of the nerves proceeding from it.

MEDICAL NEWS.

M. Roux, the celebrated surgeon of Paris, who had performed more operations than any other man, living or dead, has lately died of apoplexy, at the age of 74, after having been engaged for half a century in private practice, public instruction, and in hospital attendance. Shortly before death, he said, that "he felt himself good for twenty years service with the knife yet." He was struck down while correcting the proofs of a work which he intended shortly to publish, entitled, "Forty Years of Surgery." The volumes were sufficiently advanced not to suffer materially by his death.—In Versailles, between the hours of 9 P.M. and 9 A.M., from 1801 to 1840, there were 16,860 infants born, and from 9 A.M. to 9 P.M., only 13,738, or about 123 to 100.—In France there are 11,277 physicians, 7,221 officiers de sante, and 5,175 pharmaceutists, and yet there are 591 communes, with a population of over 2,000 souls, in which there are neither physicians, health officers, or pharmaceutists.—The heirs of a Parisian dentist have recently brought suit for the recovery of $4,000, for 12 sets of artificial teeth, furnished from 1841 to 1852, to a countess, famous at the restoration for her wit and beauty; 15 or 20 *paying* patrons of this kind would constitute quite a desirable acquisition to the practice of our Montreal friends.—A tooth key is on exhibition in Boston, said to have been used by Dr. Snowden on board the Mayflower in 1492.—The demand for nitrate of silver, in making hair dye, is said to be large.—The Turkish army at Natolu is in a complete state of demoralization, typhus fever is committing great ravages among them there, and the Bashi-Bazouks, or Turkish irregulars, are committing great atrocities, burning whole villages and towns, and murdering the Christian population; hospitals are so crowded that private houses have to be used for the sick.—Up to the 8th April, the total number of cases of cholera treated in Paris was 1204; discharged cured, 582; dead, 574.—On 2nd April, a cold breeze sprang up in the Baltic, and became so intense as to severely affect the crew of a boat out on a watering excursion: 4 were paralysed, 1 died, and the remainder had barely strength enough to take the boat to the nearest ship in the fleet.—A physician in Alabama has had to pay the sum of $10,000 for seducing the daughter of a patient.—Some cases of erysipelas, of unusual severity, have been noticed lately in New England.—A prospectus is out of a new medical journal, to be published monthly in San Francisco, California.—A new Medical College is to be established at Atlanta, Georgia. The trustees invite applications from men of eminence for the professorship.—A young man in Nashua, N. H., lost his life last week in consequence of drinking a portion of bed bug poison, mistaking it for *bitters*.—The Baltic hospital ship left England the first week in May for the Sound. She is fitted with 160 hospital beds for wounded, 118 on the lower deck, 38 on the orlop, and 4 in the amputation room. 10 cabins are appropriated to wounded officers.—From some recent returns, it appears that a hundred millions of pounds of chicory are now consumed in Europe. In Germany, it is mixed with turnips, which makes it sweeter; it is also mixed with ground acorns, and it is then recommended for its wholesome effect upon the blood of scrofulous persons.

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ORIGINAL COMMUNICATIONS.

ART. X.—*Remarks on the Use of Ice and Cold Water in the Collapse of Cholera.* By J. M. GRANT, M.D., Surgeon 54th Regiment.

Will you allow me to make a few remarks through the medium of your Journal on a letter which I have just read in the Kingston Daily News of yesterday's date, on the subject of the saline treatment of Cholera. The letter in question was addressed to the editor of the London Medical Times, in October 1849, by Dr. Mair of this town, and is now republished by that gentleman in the Daily News, for the guidance of the Canadian public.

The saline treatment of Cholera, in all its possible modifications, and the theory on which it is based, viz., the supply of deficient salts to the blood, either immediately by injection, or more remotely by absorption, are both familiar to the profession; but the mode of treatment more particularly recommended in Dr. Mair's letter, is one with which I am not so familiar, viz., the application of ice and cold water externally, and the internal exhibition of the same remedies—"*a light covering only being thrown over the body*," and the use of spirits, wine, or hot drinks, being, as a general rule, "interdicted."

With reference to this plan of treatment, Dr. Mair observes:—"I have treated cases of collapse very much on the principle of frost-bite, and I have had no cause to exchange COLD for HOT applications." Dr. Mair has evidently fallen into the popular, but very natural error of supposing that *because snow is applied*, the principle on which frost-bite is treated is that of applying *cold*; but that this is a mistake it needs only a moment's reflection to convince us. Frost-bite generally occurs at a temperature below freezing, or even below zero. Let us suppose a part to become frost-bitten at a temperature of ten degrees below zero, it will be at once apparent that when we apply snow or ice at a temperature of thirty-two degrees to that part, we apply not *cold* but *warmth*, the application having an *excess of temperature over the chill*, or the absorption that

caused it, of 41 degrees. Let us now, in prosecution of the rationale of Dr. Mair's treatment, as stated by himself, turn to the result of his observations on the temperature of the surface in cases of Cholera. In three cases examined by him, the heat indicated by a thermometer in the arm-pit was 90—94, and 92 degrees respectively. In points further removed from the centre of circulation the temperature would of course be lower, so that we may take, as more favorable to his hypothesis, an average surface temperature of 70 degrees. Now, if we apply ice to a surface at that temperature, and keep it long enough applied, *we cool the surface down* 38 degrees, or, in other words, our application is 38 degrees *colder*, instead of 41 degrees *warmer* than the surface, as we found it to be in the case of frost-bite supposed, so that the parallel which Dr. Mair has attempted to draw between the treatment of frost-bite and of collapsed Cholera, by "*cold applications*," has no existence.

The pathology of Cholera is no doubt very obscure, and its treatment proportionably uncertain ; but I think that we are most likely to combat this fearful malady with success, if we take as our guide the recognized and established principles of the profession,—and I may add that I consider it most dangerous to give to the public through the medium of an ordinary newspaper any suggestions which have not these as their base, or which, on the most close and searching scrutiny, can be found inconsistent with the known laws of physiology,—I believe it will be universally admitted that the primary indication of treatment in collapsed Cholera is to *cause reaction ;* and it appears to me, that, reasoning from analogy, we can have no more hope of doing so by the application of cold than we can have of resuscitating a drowned man by keeping him immersed in cold water,—of curing a frost-bite, produced by a temperature of mercury 10 degrees, by the application of frozen mercury (39 degrees), or restoring a limb affected with senile gangrene, or the main artery of which has been tied, by "*packing in a cold, wet sheet.*"

It is proverbial that "*Doctors differ ;*" and on no subject is a difference between them more legitimate than on the treatment of Cholera. I trust that Dr. Mair will not consider that I have transgressed the fair bounds of discussion in having stated my objections, not so much to his practice, as to the theory on which it is based.

KINGSTON, 13th July, 1854.

ART. XI.—*A case of complete loss of the power of Deglutition accompanied by partial loss of the power of motion and sensation in almost every part of the body especially the left side.* By C. R. LAFONTAINE, M.D., Chambly.

June 5th.—Mrs. St. Day, aged 36, of a good constitution, and the mother of five children, states that she was perfectly well yesterday, when she was suddenly seized about 7 P.M. with violent vomiting speedily followed by purging which continued till next morning at 6 A.M. when I was sent for. There was then complete loss of the power of deglutition, great diminution of the powers of motion and sensibility in every portion of the body especially the left side. The extremities were cold, the pulse hardly perceptible. The vessels of the eyes were injected, the upper eyelids were drooping, and the pupil much dilated but controllable by a strong light. She complained of no particular pain; the vomiting and purging had ceased. I ordered bottles of warm water to the feet, friction and sinapisms to restore the circulation. I also gave a teaspoonful of brandy which she kept in her mouth. Before I left partial reaction had been excited. I saw her again at 6 P.M. The pulse was better and the warmth on the surface increased. Otherwise there was no change.

June 6th. Passed a good night: pulse 95: surface natural: bowels and bladder inactive: complained of great drowsiness.

June 7th. Suffering from hiccough but free of other unfavorable symptoms: pulse as before: extremities cold. She complains of thirst, but still quite unable to swallow.

June 8th. I carefully examined her head and spine, and introduced a large bougie into the æsophagus, but could find no proof of disease there.

From the history of the case and from the absence of all the affections of the head and spine, and also of any stricture or spasm of the æsophagus, I concluded that it was paralysis of the æsophagus.

I applied a narrow blister along the spine from the nape of the neck to the sacrum, and dressed with mercurial ointment. I also administered, by means of a tube, calomel and jalup which produced no effect.

June 9th. Ordered a turpentine enema followed by a large dose of castor oil. They were followed by several loose stools of a green color.

From the 9th to the 20th no remarkable change took place: the bowels were inactive though easily moved by enema; she rested well at night and sat up for some time daily.

June 21st. She was subjected to the influence of electricity several times during the day. From the 20th to the 24th she slowly improved. Her appetite was good; she slept well and was able to read the news-

papers. During all this time she was fed by means of a tube attached to a syringe.

June 25th. One grain of strychnine was dissolved in ʒii. of water with a few drops of acid, (acet. dis.) of which twospoonfuls were given twice a day. The dose was gradually increased till the 5th of July.

July 6th. Seemed to have benefitted greatly by the above mixture. She complained of great numbness on the right side of the face; but otherwise felt much better and thinks she swallowed a little wine.

July 7th. Much better: swallowed wine and beef tea: walked a few steps without any assistance, but still complains of numbness.

Since that time she has steadily improved and has recovered to a great degree her proper sensibility. Her left arm and leg have partly recovered their normal strength so that she is able to walk a quarter of a mile without assistance and to busy herself in the affairs of her household.

Chambly, 1854.

ART. XII.—*Pickings from some of the Parisian Hospitals* By James Barnston, M.D., Edinburgh; Extr. Member of the Royal Medical Society, Edinburgh; Member (*ex. of.*) of the Parisian Medical Society, &c.

Hopital du Midi... With reference to the special nature of the syphilitic virus, M. Ricord holds very decided opinions, viewing the poison as distinct and specific in its source, nature and consequences. It is hardly possible to believe that, at the present day, there should be some authorities of high repute confirmed in the opinion that syphilis is a specific disease, and that its virus manifests a specificity of action, and who would, at the same time, think that the uncertainties of contagion, the mysteries of inoculation, and the plurality of accidents consequent upon sexual intercourse, should perfectly justify them in denying to a special ulceration, as chancre, a special source, at all times and in every circumstance; in other words, they are willing to ascribe to purulent matter, of a kind not essentially syphilitic, effects analogous to those dependent upon virulent infection. Inoculation, however, is perfectly conclusive upon this point, and demonstrates the fact that the pus or muco-pus, furnished from any diseased surface other than a chancre, is ineffectual. As far as experiment and vigorous observation shew, it is chancre and chancre alone as a primitive ulcer, which can reproduce chancre, and determine syphilitic disease. This would appear too exclusive, since it rejects the belief, so generally entertained, of the transmissibility of sy-

philis, through the infecting medium of secondary accidents, as mucous papulæ, tuberculæ, &c. It is well known that chancre, during the period of reparation, frequently assumes the aspect and characters of mucous papulæ; and in no small number of instances it is extremely difficult to make a differential diagnosis. It often thus becomes an important point to decide between primary sores and secondary accidents, particularly when touching the contagion of the latter. The evidence given in regard to the transmissibility of secondary diseases from nurse to the nursed, and *vice versa*, is very imperfect and wanting in essential proof. For this reason, among other facts, tending strongly to the contrary conviction, Hunter denied to secondary accidents the power of communication, and M. Ricord partakes in this opinion.

The primitive ulcers or chancres are of different kinds. There are four well-marked species—the simple, the inflammatory, with tendency to acute gangrene, phagedenic, and the indurated. Let us here follow out a lecture given at the bedside, illustrating different points of doctrine regarding chancre, especially the indurated variety and its consequences. It is comparatively a small number of chancres that indurate, and it might be asked, What is the cause or necessary condition of induration? It is found in certain persons that a first chancre, for example, will not indurate; the second does, and those subsequent do not. It is conceived that, as small pox, once taken, gives immunity from subsequent attacks, and as vaccination preserves against a second inoculation, at least for a certain period, when the system seems to be under its modifying influence, so in syphilis, as a general rule, a person who has once had an indurated chancre will not have another. There are probably exceptions; *i.e.*, a second indurated chancre may occur, which would intimate the destruction of the syphilitic diathesis, acquired with the first!

At what period does this variety of primitive ulcer commence? The solution of this question is important; for the moment induration takes place, the disease is no more local, the syphilitic disposition is established, in virtue of which the subsequent manifestations present themselves. In most cases this is difficult; for it is often next to impossible to trace out the time and circumstances of the contagion, and being essentially *indolent*, it frequently passes for a long time unperceived, and previous to the patients presenting themselves. M. R. is able, however, to gather that induration never occurs before the third day. It is always manifested during the course of the first and second week. It appears even certain that if a chancre exists more than three weeks, without induration, it will not indurate! It is sometimes masked by common inflammation, which may lead to a wrong diagnosis, or it may become phagedenic, when one would be apt to attribute the constitutional

symptoms to the non-indurated phagedenic chancre. Specific induration is the certain, absolute proof that constitutional infection has taken place. As a consequence ganglionic engorgement supervenes. As a general rule, more than one gland is affected; the swellings are *multiple*, distinct, hard to the touch, very indolent, and terminate ultimately in slow revolutions. Suppuration is rare, and can be traced to some foreign cause. Indurated chancre being determined in conjunction with multiple bubo, M. R. lays down the following law, which can ably be evaded by specific treatment, that six months will not pass without the manifestations of syphilitic diathesis. Even previous to this period there are indications of constitutional disorder, as chloro-lenamia, feebleness, alopecia, neuralgic pains of the head, intromittent nocturnal pains of the extremities, intensified by heat. The lymphatic glands, especially in the posterior cervical and cephalic regions, become engorged, and form what M. R. calls *secondary buboes*. They are indolent, multiple, seldom or never suppurate. The first cutaneous manifestations are exanthems, to which succeed papulæ, squamæ, &c. The same affections invade the mucous membrane, but their progress is somewhat more rapid. After the first six months, rarely before, accidents, called tertiary, of a much more serious nature, follow. Such are affections of the subcutaneous, submucous, fibrous, and osseous tissues, and of certain organs, as the testicles, lungs, liver, &c. M. R. is inclined to think that after the tertiary symptoms the specific influence of the morbid diathesis on the body gradually diminishes, and ultimately becomes one of the most powerful causes of scrofula.

Mention is here made of the indurated chancre alone, and of its fatal effects upon the constitution. What testimony is there in reference to the non-indurated chancre and its varieties? That they are essentially local affections, never producing constitutional symptoms, unless under the supervention of indurated chancre, and only giving rise to lymphangitis and buboes, which are of two distinct varieties; 1. The lymphathetic or simple inflammatory, which is generally confined to one ganglion, yields readily to antiphlogistics, and rarely suppurates, and when it does, it does not yield inoculable pus; 2. The bubo *d'absorption*, which is common, generally confined to one gland, which is always superficial, and always tends to suppuration, the pus yielded being inoculable, and, therefore, contagious. These buboes *d'absorption* are nothing less than ganglionic chancres.

It is the firm conviction that chancre is always at the commencement a local affection, and that sooner or later it will determine, though not fatally, to accidents either of a simple inflammatory kind, or of a specific nature, that M. R. so strongly advocates the ectrotic or abortive method

of treatment, the objects in view being—1. To destroy the nucleus of contagion; 2. To prevent the production of buboes; 3. To cut short the progress of the ulcer, and to counteract constitntional infection. In order to success, cauterization is necessary at an early period, and must be repeated if a healthy surface does not succeed the first. Even if too late to work ectrotically, it may be otherwise beneficial, in modifying the ulcer, abridging its duration, and furthering the period of reparation. It being necessary to destroy the infected tissue extending a little beyond the confines of the ulcer, nitrate of silver is generally considered too superficial in its action. M. R. recommends Vienna paste as the caustic most successful in his hands, also the strong nitric acid (so much extolled in England, but very painful), and sometimes the actual cautery. Should the abortive treatment fail, and there be evidence of constitutional infection, mercury is employed internally. It is much more powerful against secondary than tertiary accidents. In some cases it prevents their manifestations, in others it retards them for a considerable time. It must be used rationally, and rejected when injurious or contraindicated. It is to the tertiary symptoms that M. R. reserves more especially the iodide of potassium, when its action is considered all-powerful. The mixed treatment by mercury and iodide of potassium is frequently employed against tardy secondary accidents, or when complicated with tertiary symptoms.

Hopital Lourcine.—It is difficult to obtain from the regular authorities more than two tickets of admission to this hospital, which is exclusively reserved for female syphilitic patients, but through the kindness of M. Cullerier, the surgeon to the institution, I was enabled to attend his ward for some time, and make the few following notes. It is observed, that, when blennorrhagic inflammation is liable to attack the different parts of the genital organs in the females, as the vulva, urethra, vagina and uterus, either conjointly or separately, it is more commonly seated in the vagina. Vulvitis is not unfrequent; urethritis is comparatively rare, but it is believed more frequent than is generally supposed by surgeons. It may exist alone, but it is often consecutive to vaginitis, which is the most common. Catarrhal uterine blennorrhagia is also considered frequent, and often leads to ulcerations of the os and neck, which are tedious to heal, In the treatment of urethritis, copaiba and cubebs are generally had recourse to, and with good effect. When observed at the commencement, it is sometimes cut short by cauterization, with the nitrate of silver in substance. When caustic is applied in vaginitis, as it frequently is, the stick is introduced as far as the os uteri, and is then retracted in a spiral manner, so as to touch every part of the vaginal walls. The isolation of the inflamed surfaces is much recommenced. This is easily and

effectually done, by the introduction of small "tampons," or meshes of charpie, or of thin folds of lint, which, when saturated, are removed and replaced. Injections of a strong solution of nitrate of silver will sometimes cut short uterine blennorrhagia at its commencement. Its powder is occasionally sprinkled on the uterine mucous membrane, by means of Lallemand's *porte caustique*. M. Cullerier had prepared small *pencils* of tannin, sulphate of copper and of zinc, similar to those of nitrate of silver; and at the time of my attendance, was employing them in cases of uterine catarrh. He introduced a pencil once every second or third day, and allowed it to remain till it gradually dissolved away. So far as his observations had extended, the results seemed satisfactory.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VI.—*The Science and Art of Surgery.* Being a Treatise on Surgical Injuries, Diseases, and Operations. By JOHN ERICHSEN, Professor of Surgery in University College, London; and Surgeon to the University College Hospital. Edited by J. H. BRINTON, M.D. Illustrated by 311 Engravings on Wood. Pp. 908. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The past and present appreciation of Surgery afford memorable illustrations of the homespun truth, that time works wonders.

Seven centuries ago the Council of Tours denounced Surgery as unworthy the attention of men of learning; its votaries were degraded for being brutish mechanics, and its practice was consigned to farriers, tinkers, *et id genus omne*. When Henry V. invaded France, the surgeons of his army were merely camp followers, and received about the same pay as the drummers and fifers. And even after a hundred and more years the stigma was deepened by Henry VIII. associating barbers and surgeons into a joint corporation of barber surgeons, as its members were graciously styled.

But thanks to time, these old things have passed away, and the middle of the nineteenth century exhibits Surgery rescued from its depression, elevated in high ascendance, and tending towards a zenith of eminence —noble as a science, inimitable as an art, and honorable as a calling. The science, awakened from chaotic repose—the art, brilliant after the murky aurora of its birth; and both conspicuous by a galaxy of illustrious men, who in fortune, prowess, or acquirements, have not been surpassed by collaborateurs in other fields of science.

If the taste of a people be evident from the character of their literature, Surgery has certainly become fashionable with the profession. A few years has witnessed the publication of very many valuable treatises on this subject, and the student who once had but few guides, now has numbers placed at his service. Even in text-books he has the command of several of merited excellence. Druitt, Fergusson, Liston, Miller, Bransby Cooper, Malgaigne, Skey, Orr, Pirrie, &c.; and now another has been prepared for him, which is, at least, as worthy of his selection as any of its predecessors, and which may not unlikely usurp their place in his good opinion; for "ERICHSEN'S SURGERY" has claims of the highest order upon his confidence.

Mr. Erichsen has given an elaborate and scientific discussion upon tumors, having availed himself of the recent lectures of Mr. Paget upon these morbid growths. The more recent views of their Histology have been elucidated in a succinct and satisfactory manner. He has entered fully into the subject of Aneurism, and his description will well repay a careful perusal. After considering this lesion generally, he dwells upon it as it occurs in particular situations, and then takes the opportunity of treating upon the delegation of the respective arteries, which may demand the operation for its cure. He has arranged a number of statistical facts in a tabular form, derived from cases which had been operated upon, shewing sex, age, result, cause of death, and an appendix of remarks. These will be found to afford very valuable information: they are highly creditable to his industry, and manifest his anxiety to put the reader in possession of such authenticated facts as were within his reach. In his table of aneurism of the innominata, treated by ligature of the carotid, are only seven cases, but one of which recovered. This instance, which was reported by Mr Evans, is remarkable, inasmuch as inflammation of the sac set in at the end of the first week, followed by obliteration of the arteries of the right upper extremity and the branches of the carotid: at the end of a year the tumor still existed with constant pulsation, so that the operation cannot be said to have been successful. The next year the sac suppurated, and discharged much pus, disease arrested, but not cured. The longest existence after the operation, was in a patient of Surg. Morrison's, who may be said to have recovered from its immediate effects, for he died 20 months after, cause not stated. The tumor was found post mortem, but it is not mentioned how far it had decreased or been ameliorated. The same remark applies to Valentine Mott's case, where the patient survived the tieing of the vessel 7 months. One of the most interesting of those adduced, is a case of Professor Campbell's, of McGill College, as there the tumor began to disappear after the vessel was ligatured; the man died on the 19th day, of pneu-

monia, and at the necropsy, aneurism of the innominata, and transverse portion of arch and dilitation of descending aorta, as far as diaphragm, were found.

For our knowledge of the mortality arising from the ligature of the principal arteries, we are largely indebted to Dr. B. G. Norris, who has carefully prepared a series of excellent articles upon this point, and originally published them in the American Journal of the Medical Sciences. They do not seem however to have yet received that attention to which they are entitled by their importance. Mr. E.'s work is the first of the kind in which they have been referred to; but even there they have not been turned to as much account as they might have been. And to one of the most valuable, the subclavian artery, it makes no allusion whatever. Dr. N. collected together 69 cases in which the operation had been performed in some one part or other of the subclavian's course; 36 recovered and 33 died. 56 were for the cure of aneurism, 3 for diseases supposed to be aneurismal, the remainder for various accidents. The mortality was greatly dependent upon the particular part tied, the best chance of recovery always being when the operation was performed between the external border of the scalenus muscle and the first rib. In some of the cases the ligature was a long time in coming away; in one it did not separate until the 85th day. It is worth remembering that even the most celebrated operators have failed in their efforts to pass a ligature round the subclavian. Suffice it to record, that, Dupuytren after laboring for an hour and 20 minutes, believed he had succeeded in tieing the vessel in its third stage, though there had been no arrest of pulsation. The patient, who had a very large aneurism, died on the 9th day, and then it was discovered that the ligature was loosely knotted on that portion of the fourth cervical nerve, which afterwards becomes the musculo-cutaneous nerve, and the artery was not included.

Two years ago, M. Roux set an example which every surgeon might profitably follow. He detailed in l'Union Medicale the results which had attended his numerous applications of the ligature to the large arteries, during a period of 48 years; and although the circumstance is not mentioned in Mr. E.'s work, we may take this opportunity of alluding to it. M. Roux ligatured 82 arteries, of these 49 were for aneurisms; of these latter 33 were for true, 10 false, and 6 arteriovenous aneurisms. All but 2, which were successful, were treated by Hunter's operation. Of the 33 true aneurisms, 31 occurred in men and 2 in women; 23 were cured, and 10 treated without success. In 2 cases superficial, and 2 complete gangrene occurred. In 4 secondary, hemorrhage took place, viz., on the 4th, 22d, 34th, and 50th days. All the false aneurisms arose from venesection, and were cured. 2 of the arterio-venous aneu-

risms failed from subsequent hemorrhage, with gangrene, which necessitated amputation.

Mr. E. is exceedingly brief in his treatment of dislocations, and usually confines himself to an enumeration of the common method of reduction, upon which his information is never by any means full and particular. The surgeon in practice will scarcely be satisfied with what he reads, as he will naturally expect to be prepared for cases of difficulty or failure that may occur. Dislocation of the femur on the dorsum ilii, from its great importance, may be taken as an illustration in point. Mr. E. sums up the whole management of such a case in less than half a page of print, and confines himself to some very general directions as to the manner of effecting the procedure ordinarily adopted. We once had a case of this dislocation, where considerable difficulty was experienced in obtaining reduction. The ordinary plan was used; but after a patient trial, it was feared that it would be unsuccessful, and the hip might possibly continue out of joint. Fortunately, however, our worst fears were not to be realized, for it occurred to the gentleman in consultation to put into execution Mr. Skey's proposal, to buckle the belt with the pulling straps above the ankle instead of the knee; when after a very short extension, and a few coaptatory movements, the head of the bone slipped into its socket. Now, by this novel expedient, our minds were at once relieved, and our labours ended. We did not, however, believe that the case by any means decided the relative advantages of the knee and ankle extensions; for the latter was only had recourse to after a protracted trial of the former, and therefore under more favorable circumstances, as the muscles had already been pretty much fatigued. The superiority of the method, that was here followed by reduction, consists, it is said, in the additional power gained by the increased length of leverage. Even in this dislocation, other procedures are spoken of by most authors except Mr. E.; but their specification is unnecessary here. We would, however, remark, that very recently an American Professor of Surgery, whose name we do not now remember, has stated that the element of resistance to reduction is not muscular but ligamentous, and that the unbroken part of the capsular ligament is the sole impediment to the return of the head into the acetabulum. The efforts of the surgeon then merely effect this object, and before they can be successful it must be attained. If such a view be correct, it becomes highly necessary to determine whether there be not some other method which would more surely and readily effect reduction than the ordinary one of extension, counter-extension, &c., so painful to the patient and laborious to the surgeon.

ART. VII.—*Clinical Lectures on Pulmonary Consumption.* By THEOPHILUS THOMSON, M.D., F.R.S., F.R.C.P.L., Physician to the Hospital for Consumption and Diseases of the Chest; author of 'Annals of Influenza,' etc. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

These Lectures are preceded by an introduction which contains some admirable remarks upon auscultation. It is shewn that from the multiplicity of terms which have been employed to designate the same sign, and from the diversity of meanings which have been given to the same name, much complexity and misunderstanding now exist on the subject of stethescopic phenomena. Two persons acquiring their knowledge from different sources and conversing upon a case of lung disease would be as nearly intelligible to each other as a Chinese and an Indian who had never acquired any other than their native languages. The author classifies the pulmonary sounds of disease into five groups: the bubbling, clicking, crackling, crepitation, and vibration, which are analagous to the commonly received mucous, subcrepitant and cavernous rhencus: humid crepitation: dry crepitation: crepitant rhoncus: sonorous and sibilant rhoncus. His nomenclature is certainly an improvement on its predecessors, for it has the advantage of simplicity and uniformity. It has been constructed upon the principle of naming every sound according to the impression it makes upon the ear. These preliminaries are necessary to a right comprehension of what follows.

The lectures, 13 in number, are confined to an exposition of the principal symptoms and an observation of the more important remedies. They are truly of a clinical character, and though as complete a description will not be found in their pages as in more systematic treatises, yet the practitioner will find their perusal yield a store of carefully-selected facts and duly-considered reflections.

The greater part of the second lecture is taken up with hemoptysis. This symptom was noted in 73 per cent. of his cases. But while it is thus a common attendant upon phthisis, its occurrence by no means implies phthisis, for it may be due to disease of the heart, suppression of the catamenia, or mechanical injury, so that the popular belief that a "breaking a blood vessel" will cause consumption is not altogether true. Sudden death is by no means a common event of phthisis. In men it is very rare, and in women has never been witnessed. It is also a popular mistake that all bleeding from the lungs is produced by a ruptured blood-vessel, inasmuch as the usual cause is compression or obliteration of the pulmonary veins by the tubercular deposit, in consequence of which blood interrupted in its natural channels overflows or exudes into the

neighbouring bronchi. Hemoptysis, moderate in amount, he regards as rather beneficial than alarming, and even when copious the case has been remarkably slow in its progress; hence, in practice, there should be no undue haste used in arresting hemoptysis, and it will be found better to moderate this symptom by producing determination to other organs than to employ direct astringents.

His experience of the pulmonary sounds in phthisis bears out the opinions of present authorities. He is disposed to place considerable reliance upon prolonged expiratory murmur, as a sign of incipient deposition. In the ninth lecture he speaks of "jerking inspiration"—the inspiration '*entre coupée*" of Laennec—the 'inspiration *saccadée*" of Fournet. He calls it as most expressive the waving inspiration. He has met with three varieties of this sign. The first occurs about equally on both sides, is often heard with friction murmur, and is due to obstruction of the respiration from pleuritic adhesion. The second is apparently associated with rheumatic conditions, is usually high in tone, often rather widely diffused, variable in situation, accompanied by pain, and has been relieved by lemon juice, colchicum, &c. The third occasionally accompanies bronchial affections, co-exists with rhonci and other symptoms of bronchitis, though in most cases it has no relation to either of these conditions. It is usually limited to the left side, near the apex; and this fact the author says "is inconsistent with the idea of its necessary dependence either on pleurisy or phthisis.," The eleventh lecture, a very instructive one, is devoted to the conditions resembling phthisis. It concludes with the following deductions concerning hysteria:—"1st, That in persons not affected with tuberculosis, hysteria may induce many symptoms, and even local signs much resembling those of phthisis; 2d, That when phthisis exists in hysterical subjects, some of its symptoms are often aggravated to an extent disproportional to the amount of organic change; 3d, That as phthisis advances, hysteria usually retreats, so that the presence of hysterical symptoms may encourage a hopeful prognosis, pretty much in proportion to their severity, hysteria and phthisis, although not incompatible, being apparently uncongenial. To this rule, hysterical affections of the joints is perhaps an exception; for I have occasionally known hysterical hip complaint continue at advanced periods of consumption; 4th, That, when hysteria and phthisis are associated, the treatment serviceable for the one disorder tends also to relieve the other; excepting that exposure to the air, and other parts of a hardening treatment, are available to a greater extent in hysteria than in cases of established consumption."

The fifth lecture is upon codliver oil, and the sixth upon its substitutes. He gives a very strong verdict in its favor, based upon numerous cases.

Next to it he is disposed to place Neat's foot oil, which he administered to 14 phthisical patients; of these 3 derived essential benefit, the disease being arrested; 4 were slightly relieved; 5 received no obvious advantage; and 2 retrograded rapidly. When these results are contrasted with those yielded by other modes of treatment, the benefit is found to be greater than under any remedy previously employed, excepting the cod oil. After the Neat's foot oil he has found most benefit from phosphoretted oil, and suggests that its action may be due to the phosphorus attracting oxygen, so as to complete the conversion of the alkaline lactate and albuminate of soda in chyle into phosphates, and thus lessen the unfavorable oxidation by which pus is largely formed in the lungs.

VIII.—*Handbook of Chemistry, Theoretical, Practical and Technical.* By F. A. ABEL, Professor of Chemistry at the Royal Academy, Woolwich, and Assistant Teacher of Chemistry at St. Bartholomew's Hospital, and C. L. BLOXHAM, formerly First Assistant to the Royal College of Chemistry. With a preface by Dr. Hoffmann, and numerous illustrations on wood. Pp. 681. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The authors of the present volume received their chemical education in the laboratory of the distinguished gentleman who consented to do the preface, and who bears testimony to the ample opportunities he has had of witnessing their talents for imparting information, and smoothing the path of the student in every department of analysis. It gives us great pleasure to express his opinion—"That the present volume is a synopsis of their experience in laboratory teaching; it gives the necessary instruction in chemical manipulation, a concise account of general chemistry, as far as it is involved in the operations of the laboratory, and lastly, qualitative and quantitative analysis. The plan adopted in the instructions for analysis, is *essentially* that which was first introduced by Baron Liebig, and which, modified in accordance with the requirements of the English student, I (Dr. Hoffmann) have daily practised myself for the last 8 years in this laboratory."

LECON CLINIQUE.

Des Complications de la Scarlatine. Par M. Trousseau, Medicin de l'Hotel Dieu, Paris.

(Gazette des Hopitaux.)

Parmi les complications de la Scarlatine, il en est quelques-unes qui sont plus graves, mais heureusement moins communes que les autres; et quelques-unes aussi de celles qui se présentent fréquemment peuvent, sous certaines influences qu'il serait difficile de déterminer, revêtir un caractère des plus redoubtables, et doivent attirer sur la maladie un pronostic presque constamment funeste. C'est ainsi que l'hématurie et l'abuminurie, qui se présentent dans un assez grand nombre de cas, peuvent différer d'intensité à ce point d'être presque insignifiantes et de passer inaperçues ou de causer rapidement la mort. Mais parmi les complications de la scarlatine, celle que doit le plus attirer l'attention du médecin, c'est sans contredit l'angine. Il est rare qu'un individu atteint de scarlatine n'ait pas une angine ; et cela est telement rare d'observation, que dans les cas de scarlatine où il n'y a pas apparance de mal de gorge, il faut admettre qu'il a passé inaperçu, plutôt que de croire qu'il ait pu faire défaut. Ce fait est vrai, surtout en temps d'épidémie; et quelquefois alors l'éruption manquant, c'est l'angine seule que annonce et que caractérise la scarlatine. Il importe donc extrêmement de pouvoir distinguer cette angine scarlatineuse de toutes les autres, qui, pour avoir une fin differentes, n'en ont pas moins un grand nombre de caractères communs. L'angine scarlatineuse diffère de l'angine simple tout d'abord par la violence et l'instantanéité de ses symptômes. Dés le début, il y a un sentiment de roideur et de tension extraordinaires dans les muscles du cou ; les mouvements du voile du palais et des piliers sont gênés ou même impossibles ; la déglutition est excessivement douloureuse, la voix est rauque ; et enfin la bouche, la langue, la gorgei, l'isthme du gosier, sont rouges, violacés, luisants, d'une sécheresse absolue et intolérable. Le pouls alors acquiert une élevation et une virtesse extraordinaires. Dans les angines catarrhales et phlegmoneuses, on retrouve les mêmes caractères, bien qu'a un degré moins marque. Mais surtout les phénoménes ne s'accumulent pas avec une aussi grande rapidité, et tandis que dans l'immense majorité des cas l'angine purement inflammatoire ; au bout de quelques jours, huit, neuf ou douze, a parcouru, toutes ses périodes, et s'est terminée par un abcès ou par résolution simple, dans l'angine scarlatineuse, au contraire, dès le quatriéme ou cinquième jour, les amygdales, les piliers du voile du palais et le voile du palais lui-même se sont recouverts d'une exsudation visqueuse, de taches d'une matière blanchâtre, lesquelles, décollées dans le principe, ne tardent pas à se réunir de telle façon que l'arrière-gorge en est bientôt entiérement couverte.

Il faut bien faire attention ici que la maladie ne débute pas par un point circonscrit, mais que les fosses nasales, les amygdales et le pharynx sont envahis d'emblée ; cette remarque aura, comme on le verra plus tard, son importance dans le diagnostic de l'angine scarlatineuse et de l'angine diphthéritique, et l'on doit également savoir que cette affection n'a en général aucune tendance à descendre dans le larynx, qu'elle oc-

cupe de prime abord le pharynx, qu'elle s'y localise, et que, s'il y a des symptômes de suffocation, ils sont dus au développement des amygdales, à la tuméfaction des parties de l'isthme du gosier, et ne tiennent en aucune façon à une lésion du tube laryngo-trachéal.

En même temps que la gorge se prenait ainsi, les ganglions du cou se sont développés; ils ont acquis un volume considérable, forment entre les muscles un chapelet de grosseurs dures, très douloureuses, excessivement sensibles au toucher; le tissu cellulaire environnant s'est enflammé à son tour, et enfin, au deuxième jour, le malade porte de chaque côté du cou, au-dessous des oreilles, des tumeurs volumineuses; la peau est rouge, tendue; une teinte érysipélateuse s'étend sur les parties voisines. La réaction fébrile augmente d'intensité : une ardeur brûlante se fait sentir dans tout le corps; l'agitation est extrême, et souvent il y a un délire très violent. Cependant l'exsudation pharyngieune se modifie; les plaques deviennent molles, grisâtres; quelquefois elles sont teintes en jaune, ou brunâtres quand il se mêle quelques gouttelettes de sang provenant de la muqueuse sous-jacente qui est énormément tuméfiée; il s'en écoule un ichor fétide qui sort par la bouche restée entr'ouverte et par les narines où l'on voit que l'exsudation a gagné. Tout semblerait indiquer alors que les parties où siége la maladie sont atteintes de mortification, et que ces portions de substance molle, grisâtre et infecte, qui en sont détachées avec le doigt au moindre contact ou qui tombent d'elles-mêmes, sont des débris de tissus sphacélés; mais, en réalité, il ne s'agit que d'une production de fausses membranes qui si sont faites ici à la longue et au contact de l'air, et ont pris en définitive une apparence de tissus gangrenés. Quand le malade guérit, ces parties revenant en quelque sorte sur elles-mêmes, après que la tuméfaction a disparn en entier, tout reprend sa forme et sa disposition primitives, et ou constait qu'il n'y a eu aucune perte de substance dans les organes du larynx. C'est même un fait reconnu que dans les angines scarlatineuses la gangrene de la gorge est excessivement rare, et encore ne se produit-elle qu'avec des conditions spéciales chez des enfants qui ont beaucoup souffert, dans les salles d'asile, les hôpitaux, les créches, et alors la gangréne, gagnant successivement de proche en proche, atteint le tissu cellulaire des joues et des levres, et les malades meurent. De leur côté, les ganglions enflammés ont survi une marche en rapport avec la maladie des organes auxquels ils correspondent; à mesure que celle-ci a fait des progrés, leur état s'est aggravé. A cette inflammation phlegmoneuse que nous avons décrite a succédé la suppuration. De vastes collections purulentes se sont faites dans leur substance; elles s'etendent isolément, se réunissent, se font enfin jour au dehors, et la peu du cou est peforée de trous nombreux et souvent très larges qui donnent issue à des flots de matières purulentes mélangées de flocons fibreux et blanchâtres; reconnaissables pour des fragments d'aponévroses et de tissu cellulaire que la violence de l'inflammation a fait tomber en gangréne. On conçoit tout la gravité d'une pareille situation. Le malade, déjà si affaibli par la scarlatine et par l'angine, devient la proie d'une suppuration excessive; il a de chaque côté eu cou une source intarrissable qui l'épuise sans qu'il puisse trouver en lui assez de force pour réagir. Ces vastes foyers purulents, en contact direct avec l'air, ne tardent pas à

s'altérer ; des frissons, une fièvre hectic surviennent, et le malade succombe dans le marasme.

L'angine scarlatineuse heureusement n'a que rarement un tendance aussi funeste. Mais, quoique conservant toujours dans son type des caractères qui la font différer d'une manière notable des autres angines, il arrive des cas, comme on la verra plus loin, où il est difficile de ne pas se méprendre. L'angine scarlatineuse ne s'écarte pas moins de l'agine diphthéritique, bien qu'elle ait avec cette dernière ce caractère commun d'une exsudation dans la gorge. La diphthérite est remarquable par trois conditions spécialament ; l'etat fébrile au commencement est nul ou presque nul, relativement à la gravité de la maladie, et comparativement à cet état fébrile violent qui accompagne toujours l'angine scarlatineuse ; au lieu de débuter par une exsudation en quelque sorte générale sur toutes les parties de la gorge, elle s'annonce sur un point circonscrit, sur une amygdale en général, par une tache grisâtre unique qui s'étend d'une manière suivie, mais le plus souvent avec lenteur, sur les autres parties de la gorge ; de l'amygdale elle gagne le pilier du voile du palais voisin, puis le voile du palais lui-même, la luette, et enfin l'autre amygdale. Bien souvent, avant qu'on ait été averti de l'éruption, la diphthérite s'est dévelopée comme une toile sur tous les organes profonds de la gorge, et lorsqu'on est invité par quelque phénomène à explorer la gorge, on la voit revêtue entièrement d'une couenne plastique nacrée au début, et qui ne prend une apparence grisâtre et mollasse qu'alors qu'un séjour d'une certaine durée dans la gorge en amené l'altération, Enfin, signe distinctif d'une haute importance, sur laquelle M. Bretonneau a fortement insisté, la diphthérite a une tendance constant à envahir les voies aériennes, à descendre dans le tube laryngo-trachéal ; c'est alors qu'elle forme le *croup*. Ces trois charactères : l'exsudation débutant par une tache unique qui s'étend progressivement, le peu de pyrexie, et la propension fatale à envahir les voies aériennes, se retrouvent constamment, quoique à un degré plus ou moins marqué il est vrai, dans le développement de la diphthérite. Souvent on n'est averti au début que par un simple mal de gorge auquel le malade, s'il est adulte, n'attache pas d'importance quand il n'est pas renseigné sur la gravité de l'affection dont il est menacé, et les enfants se plaignent à peine. C'est ainsi que périsait dans le mois de janvier dernier une jeune dame espagnole ; aprés avoir soigné jusqu'a la fin son enfant qui succomba au croup, elle fut prise elle-même d'un simple mal de gorge, lequel était devenu un croup des plus graves quand elle fit appeler.

Dans l'angine diphthéritique, des ganglions lymphatiques se prennent aussi consécutivement, mais leur tuméfaction est biens moins prononcée, et ce sont surtout les lymphatiques situés sous la mâchoire inférieure, et non ceux de la régiou cervicale, qui sont attaqués de préférence. La nature de l'exsudation varie quelque peu : dans l'angine scarlatineuse elle est crémeuse, pultacée et blanchâtre ; dans le croup elle ressemble plutôt à de la couenne. Mais ces distinctions, qu'il est possible d'établir au début, deviennent illusoires lorsque le contact de l'air a modifié les produits, et que la diahthérite, en raison de sa gravité, a jete dans l'organisme des désordres profonds qui se rapprochent de ceux de l'angine scarlatanеuse.

Le caractère spécial qu'on pourrait tirer de l'extension de la maladie dans le larynx, la dyspnée, symptôme qu'on ne devrait pas retrouver dans l'angine scarlatineuse, puisque la maladie ne s'étend pas dans le larynx, perd bien de sa valeur lorsque les amygdales, le voile du palais et la luette sont boursouflés, tuméfiés et tendus par la plus violente inflammation ; car l'acte respiratoire est certainement alors aussi difficile que lorsqu'il y a des fausses membranes étendues dans le larynx.

Les indices tirés des symptômes cérébraux sont plus sérieux. L'apparition de la diphthérite ne cause aucun désordre ; l'angine scarlatineuse grave est au contraire constamment accompagnée, même au début, de délire et d'agitation. Ce délire cesse parfois, lorsque l'inflammation s'est apaisée, pour reparaître vers la fin. Mais alors ce n'est plus un symptôme différentiel, comme celui du début, c'est un signe de prostration, c'est un état subdélirant, phénomène commun qu'on retrouve chez tous les individus qui vont succomber à une maladie qui a longuement altéré l'organisation.

Malgré ces distinctions, il faut le dire, le diagnostic différentiel de l'angine scarlatineuse et des autres angines présenterait souvent le plus hautes difficultés si l'éruption cutanée n'était point là pour indiquer le point de départ primitif de la maladie : aussi doit-on, quand il se présente quelque cas d'une angine extrêmement violente, rechercher s'il n'y a pas eu aux environs quelques traces, quelques vestiges d'une maladie scarlatineuse. Je dis aux environs, car on sait que la maladie scarlatineuse, particulièrement en temps d'épidémie, ne se manifeste pas constamment d'une manière absolue par une éruption rouge à la peau. Il arrive fréquemment, au contraire, dans une famille, dans une masse d'individus où la scarlatine a fait des ravages, que quelques individus échappent à l'épidémie ; mais parmi eux quelques-uns seront pris sans autre manifestation extérieure de quelqu'on ou de plusieurs des symptômes de la scarlatine. C'est ainsi que les uns auront une attaque d'albuminurie, les autres une hématurie et enfin quelques autres une angine seulement ; et dans ces cas, où il n'y a aucun autre vestige de scarlatine, ces symptômes uniques peuvent avoir une violence, une impétuosité qu'on voit rarement, même lorsque la maladie a déployé l'appareil de symptômes le plus complet.

Il est un spmptôme de la scarlatine sur lequel on n'a pas suffisamment insisté et qui pourtant ne manque pas d'une certaine valeur, c'est une sorte de roideur qui dans les premiers jours s'empare des mains et s'oppose complétement à tout mouvement de flexion. Dans la variole, on le sait, c'est vers le treizième jour qu'apparaît la tuméfaction des mains, que Sydenham, le premier, a signalée, dans la scarlatine, c'est du deuxième au quatrième jour que dure la roideur dont nous parlons, et souvent elle est le seul symptôme qui indique qu'une angine ou une albuminurie survenues inopinément, sans autre signe précurseur, appartiennent à l'ordre des affections scarlatineuses. Parfois c'est l'albuminurie qui accompagne l'angine, et dès le troisème ou quatrième jour, apres des symptômes fébriles très intenses, soit qu'il y ait ou non perte de sang par les urines, la présence de l'albumine en grande quantité peut se constater par les moyens les plus vulgaires ; souvent des douleurs articulaires extrêmement intenses compliquent la scarlatine ; souvent ce sont

en temps d'épidémie les seuls symptômes apparents de cette fièvre exanthémateuse. Des douleurs, après avoir parcouru toutes les jointures les unes après les autres à la manière d'un rhumatisme, se localisent quelque part, et il s'y fait de la suppuration, ou bien, quand l'exanthême a disparu, elles persistent encore et tourmentent le malade longtemps après. L'angine scarlatineuse pour son intensité ne se lie point du tout à la gravité de l'éruption ; telle angine excessivement violente complique une scarlatine qui dans l'espèce est très simple ; au contraire, une scarlatine des plus violentes peut être accompagnée d'une angine très légère. On a vu que l'angine est parfois le seul symptôme de l'invasion scarlatinense ; quelquefois l'angine apparaît lorsque tout symtôme alarmant s'est apaisé, quand l'éruption a atteint sa période de desquamation. Ordinairement à cette époque la pyrexie a disparu ; tout à coup la fièvre se rallume plus violente que jamais, le pouls prend une intensité extrême, les organes pharyngiens se tuméfient au dernier degré presque instantanément ; la respiration est obstruée, le malade tombe dans une sorte d'assoupissement ; il fait entendre un ronflement bruyant et sonore, et puis il meurt le deuxième ou le troisième jour, bien avant que l'angine ait pu parcourir toutes ses périodes.

THERAPEUTICAL RECORD.

(Virg. Med. and Surg. Journal.)

Anasarca.—In the dropsy which supervenes upon scarlatina, Prof. Mauthner, of Vienna, *(Journal fur Kinderkrankheiten,)* employs with success urea, or else the nitrate of urea, as a powerful diuretic. The dose of this remedy is the third of a grain, given in powder with sugar, every two hours.

Burns.—The use of collodion in burns is highly lauded by Blumhardt, *Wertenburg Corresp.*, as promoting healing and preventing suppuration. It should be applied to the skin by a camel's hair pencil. He considers the collodion to act beneficially in two ways: First, by affording a protective covering to the exposed cutis, and second, by giving a uniform support to the part, and relieving the capillaries from all undue distention.

Cure of Itch.—Take finely powdered brick dust and rub the body well with it, so as to expose the *acari* to the sulphur ointment, which is then to be carefully applied ; the friction to be kept up for half an hour. After this the patient is subjected to a good ablution of soap and water. The whole time occupied by this proceeding is less than an hour and a half. A perfect cure will be the result.

Gleet.—The "Rep. de Pharmacie" recommends the following prescription as being useful in gleets of long standing. ℞. Pulv. secale

cornut, ʒj.; Ferri sulp., gr. j.; camphoræ, vanillæ aa gr. ss. M. et to divide in chart., No. xx. One to be taken morning and evening.—*Boston Medical and Surgical Journal.*

Hiccough.—After sugar and water have failed, Rayer advises that the pharynx should be touched with a pencil dipped in liquor ammonia. On the continent it is common to administer syrup of currants, or the vinegar of beer; different etherial preparations, and Hoffmann's anodyne liquor especially, are relied on by many physicians; some authors advise chloroform in potion and even in inhalations. Dr. Ossieur states, in the *Ann. Med. de Roulers*, that having treated a case of hiccough, which had lasted for eight days, with the remedies we have enumerated, without success, he finally checked it by administering fifteen drops of aromatic sulphuric acid, with forty-five drops of currant syrup in three tablespoonfuls of water, every half hour.

Pityriasis of the Scalp or Dandriff.—In two cases of this disease of the scalp occurring in patients in the Middlesex Hospital, glycerine was found effectual in clearing away branny scales from among the hair. It is used as a hair oil, once or twice a-week. Mr. Shaw *(Med. Times and Gazette)* states that he has often used it with great success.

Purpura Hæmorrhagica.—Dr. George Willis *(Edinburgh Monthly Journal)* reports a case of purpura which was promptly cured by the administration of oil of turpentine. This case corroborates the opinion of Nelligan in respect to the efficacy of terebinthinate preparations in this disease, which has been advocated by Dr. Patterson, in the March number of this Journal. (See vol. ii., p. 483, *et. seq.*)

Rheumatism.—Our readers may be fond of new remedies, and to gratify their desire in this respect, we present them with the following formula, suggested by M. Blanco Y. Millan. *Rev. Therap. du Midi:*

Take a pound of earth worms, clean them without washing them; put them into a glass bottle well corked at the moment of fermentation, bury it in the ground, and at the end of twenty-four hours, the worms are converted into a turbid liquid of a strong, earthy and disagreeable odour. Soak some clothes in this fluid, and apply them upon the painful part, covering them with warm tracing paper.

Rheumatism.—We recommend to our readers the following prescription for the cure of this most unmanageable disease:—℞. Liq. potassæ, gtt. xv.; potass. iodidi, grs. ij.; mucil acaciæ, ʒj.; aq. distill., ʒxi. M. ft. haust.—℞. Potass. iodidi, ℈ij.; morph. muriat., ℈ss.; ung. cetacei, ʒiss. Ft. ung.—℞. Opii. purif., gr. j.; extr. colch. acet., grs. ij.; pulv. scam. co., grs. iij. M. ft. pil. ij.

Syphilitic Eruptions.—Mr. Simon is accustomed to employ in the wards of St. Thomas's, for the cure of tubercular syphilitic eruptions, the application once daily, of a small portion of unguent. hydr. mite to every spot, in addition to the ordinary constitutional measures.

PERISCOPE.

(Dublin Hospital Gazette.)

On Pulmonary Congestion, considered as an habitual element in intermittent Fever.—Dr. Woilloz, in two papers published in the Archives Medicales, comes to the following conclusions:—1st. At the same period at which the general phenomena of the invasion of febrile intermittents are developed, there occurs a state of pulmonary hyperæmia, which we may term the pulmonary congestion of ague. 2nd. This congestion presents three stages of advance, of complete development, and of decrease, in harmony with these stages of the primary malady; differing thus from the febrile exanthems, in which the pulmonary symptoms diminish as the eruption appears. 3rd. Enlargement of the chest, with diminished resonance; puerile respiration; weakness of the respiratory murmur, with or without sonorous rales; sometimes fine crepitus, and comparative dulness of the posterior part of the lungs; all afford us signs of this engorgement, which is not in the majority of instances, attended with either cough or dyspnœa. 4th. The existence of sonorous rales are more frequently found to indicate this state of hyperæmia than one of bronchitis. 5th. Measurement alone enables us to recognize the three phases of this congestion and the thoracic enlargement which results from it. 6th. This peculiar condition occurring in ague, the state of congestion produced by chronic pulmonary disease, that caused by a mechanical obstacle to the circulation, and finally that due to certain alterations in the blood itself, embrace all the variety of hyperæmia of the lungs. 7th. The etiology of the affection is as obscure as that of the other general febrile symptoms of ague. 8th and 9th. Its decrease is a favorable prognostic of the disease, accompanying or announcing its resolution. This decrease is contemporaneous with those rapid ameliorations which occur during ague: its persistence, on the contrary, indicates the long duration, or the unchecked progress of the primary affection. 10th. This pulmonary hyperæmia, being only an element of the disease, requires to be treated alone when it is the principal symptom of the attack; we can then employ bloodletting and revulsive remedies, especially emetics.

Galvanic Cautery.—At the North London Medical Society, Mr. Marshall, after alluding briefly to the nature of the case which first led him to employ the galvanic cautery, viz., that of a young man who suffered from a long and sinuous perforating ulcer of the cheek, which had resisted all attempts previously made to close it—then described the two modes of employing this agent, according as it is employed in the destruction of soft parts, such as hemorrhoids, vascular growths from the female urethra and nævi, or for the purpose of obtaining contraction in the walls of relaxed passages. *Hemorrhoids*, when small, and not very vascular, may be easily removed by the heated wire; but when large and vascular, the best mode is to employ the cautery as a surface appli-

cation, by which the tumor is destroyed over any extent, or to any desirable depth; in this way the liability to hemorrhage is obviated, and the pain is said to be less severe than that produced by a ligature. Dr. Mackenzie recommends the use of the cautery for removing uterine polypi. *Vascular Tumours of the Urethra:*—Experience has shown Mr. Marshall that these tumours, so painful, so liable to bleed on being interfered with, and so apt to return if not completely eradicated, could be easily, safely, and permanently cured by the electric cautery. This is used, not as an excising agent, as at first tried, but as a surface application, the wire being shaped accordingly, and applied carefully and deliberately to the required extent and depth; pains being taken not to snatch away the heated wire at each application until it had burned itself quite free, or it might pull off the scar, and so cause annoying hemorrhage. *Nævi:*—These are sometimes so small, or if large so easily dealt with by other methods, that Mr. Marshall does not recommend the electric cautery indiscriminately; in extraordinary positions of nævi, as, for example, when situated in the substance of the lip or in the nostril or the ear, it is of use. One very good case is mentioned, of a nævus of the ala of the nose, cured with scarcely any deformity, in a child three years old. The electric cautery has also been used by many dentists, for destroying the pulp of decaying teeth. The examples of cases in which this cautery can be advantageously used as a means of closing sinuses or fistulæ are very numerous. In one instance, the remains of an encysted tumour, the interior of which secreted hair and sebaceous matter, was effectually destroyed, after no less than seven previous unsuccessful attempts by extirpation, laying open the cyst, or the application of escharotics. It had been situated on the back of the sacrum and coccyx; and when the patient, a clergyman, was sent to Mr. Marshall, by Sir B. Brodie, (who advised the electric cautery to be tried), there were two openings, leading into an irregular cavity, which still, from time to time, gave exit to balls or tufts of hair. By passing in a bundle of fine wires, and opening them apart, by pressing their ends together when lying in the sac, the interior was thoroughly destroyed, and a cure completed. A similar cyst, on the cheek of a lady, was subsequently cured. Mr. Marshall has shown that fistulæ in ano may also be divided by the incandescent wire, but the simplicity of the operation by the knife renders it unnecessary in ordinary cases. By means of the electric cautery, however, both imperfect and even perfect fistulæ in ano have been made to fill up and unite. In one case of each kind the cure was permanent; in another, of perfect fistulæ, the track of the wound again opened; while in three the attempt failed. Of urinary fistulæ, Mr. M. has cured one; and has another, once most formidable, now under treatment, with every prospect of cure. In cases of vesico-vaginal fistulæ, it appears superior to any other mode of applying heated wires. Mr. Marshall detailed one case (of which he exhibited sketches) of a most satisfactory nature, in which a large communication between the vagina and bladder, admitting at first three fingers, was finally completely closed by successive applications of the cautery, although the cure was delayed by the occurrence of typhus fever in the patient. He has another case under treatment, which promises to be equally successful. Perseverance is necessary to the cure of these diseases, but no peculiar precautions seem to be needed. The cure allud-

ed to was accomplished without any confinement of the patient, except at the earlier stages of the treatment. Of instances in which the cautery has been employed to aid in the contraction of relaxed passages, the accidents of prolapsus uteri, complicated with descent of part of the rectum and bladder also, furnishes the only examples. Four cases have been under Mr. Marshall's care, in neither of which could the patient maintain the parts within the pelvis, even by the aid of the best appliances or pessaries. In three of these the result has been that the ordinary funnel pessary (made by Mr. Coxeter) is worn with the most perfect comfort, and in one even this instrument is to be now discontinued. The fourth case has not been much relieved.—See Medical Times and Gazette.

Collodion in Inflammation of the Epididymis, &c.—Dr. Lange, of Kœnigsberg, has, in the second number of the "Clinique Allemande," quoted by the Gazette Medicale, mentioned that he has cured five successive cases of epididymitis by collodion. In three instances a single application was sufficient, recovery ensuing in the course of three, five, and six days. In one of the remaining cases he used two applications, and in the other three applications, recovery taking place on the seventeenth and eighteenth days. In the last case there was also present an orchitis of six months' duration; unfortunately no details are given as to the exact nature of the affections which were so treated. M. Lange also employs collodion in erysipelas, and out of nine cases of this disease, attacking the head and face, and also in fifty-three instances in which it occurred on the lower extremities, he found it to yield, in general rapidly, to a single application; in eight of these cases alone, it seems to have failed in his hands. He occasionally gave emetics to meet the gastric symptoms. In about twelve hours, it is stated, the redness and pain were considerably diminished, and usually disappeared after forty-eight hours, although sometimes tumefaction remained for a longer time. In eczema, collodion failed to afford relief in four out of five cases in which it was tried, but in the fifth case it succeeded remarkably well, recovery ensuing in about five days, after two applications of the remedy.

On the treatment of Pneumonia by Digitalis.—Dr. Heusinger, from the peculiar effects of digitalis on the circulation, was led to use it in the treatment of pneumonia. He employs an infusion (made from fifteen to thirty grains of the digitalis in five or six ounces of water), which is to be taken in doses of a teaspoonful every hour. It is prescribed without any adjunct, and from the very commencement of the disease. He also employs cupping, but only when there is pleuritic stitch present; and if there are signs of gastric irritation, he directs from one half to one grain of tartar emetic every hour, and continues the treatment until there is a decided amendment, when he replaces it by the infusion of digitalis. He asserts that usually at the end of the first, or on the second day, the symptoms which denote the constitutional effects of the digitalis appear,

and to these effects, which consist in a perversion of the digestive functions, and a considerable diminution in the frequence of the pulse, is added a marked remission of the symptoms of the disease. He then omits the digitalis, and directs a simple mucilaginous mixture. It is further stated that convalescence is much more rapid than when the disease has been treated antiphlogistically, by repeated blood-lettings.—*Gazette Medicale.*

Treatment of Cholera by Muriatic Acid, &c.—Dr. Caron reports most favorably of the effects of this acid, with bark, calumba, &c., in many cases of cholera. He gives the following formula for the preparation:—Vinous tincture of cinchona, twenty-five parts; tincture of orange peel, three parts; tincture of juniper, three parts; tincture of calumba, three parts; muriatic acid, four parts; mix. He considers its effects to be tonic, anti-spasmodic, and slightly excitant. According to the nature of the case, the intensity of the symptoms, and the patient's susceptibility, he employs it in doses of a small spoonful every quarter of an hour, every half hour, or every hour; in some instances, to favor its tolerance, syrup of tolu or of poppies may be added. The first effect of this medicine is a sensation of warmth in the epigastrium, which speedily extends over the body; the vomiting moderates, and finally ceases; after the fourth or fifth dose, the alvine ejections generally diminish in quantity and frequency; and the secretion of urine is re-established, but more slowly. The indulgence of thirst, by the free use of cold water, Dr. Caron considers productive of most serious consequences; and even in cases which otherwise promised a favorable issue, he has seen it prove fatal. He does not advise the acid to supersede the employment of other suitable treatment, as general and local rubefacients, sinapisms, frictions, &c. He further states that, in the hands of M. Malin, muriatic acid, combined with opium, has been found effectual in the treatment of dysentery.—*Gaz. des Hopitaux.*

Influence of Arsenuretted Hydrogen upon the Urine.—Professor Vogel reports the case of a young man who inspired this gas: amongst other effects, it caused a blackish discoloration of the urine, depending upon the presence of altered blood globules. From experiments with dogs, Professor Vogel states that a similar condition is always caused by inhaling this gas; the urine usually containing albumen at the same time, but the blood globules themselves are seldom recognizable: and he considers that the gas has some special action upon them, probably analogous to that which occurs in several diseased conditions, as in typhus fever, where we have a similar destruction of the globules, with the elimination of pigment by the urine.—*Archiv. des Vereins.*

On Gelatiniform Cancer.—Colloid or gelatiniform cancer has, since its first recognition in 1816 by Otto, been the subject of numerous researches,

both as to its structure and the position which it should occupy amongst morbid growths of heterologous formation. Rokitansky has especially investigated these subjects, and has succeeded in distinguishing well marked species or varieties, differing from each other both in their appearance and nature. The first form which he describes is that especially termed alveolar cancer, and which is almost exclusively the species described by writers. The second variety is characterized by a considerable developement of stroma, which forms thick partitions between the alveolar deposits; these interlace, and thus constitute boundaries for the after portions forming closed squares (cystoides.) The cancerous growth increases by the enlargement of the areolar deposits, or by the development of a fibrous interalveolar substance, and the formation of new enclosed spaces. In the third form, which he describes, a gelatinous substance predominates, having no stroma, or only traces of a fibrous arrangement which is very sparingly developed.—See "*Zeitschr. des Gesellsh. der Aertze zu Wien.*"

Cocculus Indicus in Beer.—M. Lassaigne has communicated a paper to the Journal de Chimie Medicale, upon the detection of this fraudulent adulteration, which there is good reason to suppose is not so often met with in beer as is generally thought. He states that the picric acid found in cocculus indicus is employed as a partial substitute for hops in beer, and does not admit of being detected merely by its taste, but during his investigation he has discovered that this acid, which communicates to water its peculiar color and bitterness, on being dissolved in beer, is not precipitated by acetate of lead, whilst both the bitter principle and the coloring matter of hops are almost entirely precipitated by the addition of this salt. He has also found that purified animal charcoal absorbs the coloring matter from beer, but if that picric acid is present, it remains dissolved, without its natural tint being altered, and without its uniting with the charcoal; and he proposes to detect the picric acid in beer by either of these plans. If necessary, the beer should be first evaporated, and then by adding the acetate of lead, or by shaking the concentrated fluid with powdered animal charcoal, if it is pure, the fluid will be almost rendered colorless, whilst beer, which is adulterated with picric acid, retains its yellow citron hue.—*Annals of Pharmacy and Practical Chemistry.*

Congenital Absence of the Iris.—Professor Boeck, of Christiana, in the Zeitschr. der Gesell. der Aertze zu Wien, describes the particulars of a family, the greater number of whom were affected with more or less deficiency of the iris. The first whom he saw, a boy of seventeen years of age, suffered from complete absence of the iris in both eyes; they were otherwise perfect in form; the cornea was transparent, but the eyes were in a continual state of tremulous motion; vision was myopic, although in other respects distinct, and what was remarkable, light did

not cause any inconvenience. The father of this boy, aged fifty-two years, also had complete deficiency of both irides; in his right eye an incipient cataract existed, which still permitted some degree of vision, but the cornea of the left eye had become opaque. The sister of this man, aged sixty-two years, was similarly defective, both irides being absent. She had very little vision in her right eye from opacity of the cornea, and also from an incipient cataract; and the lens in the left eye was likewise suffering from cataract, although the cornea was healthy. The niece of the latter, a woman of thirty-seven years of age, was the subject of a similar congenital defect, both corneæ were opaque: she, however, enjoyed sufficient powers of vision to distinguish between the various shades of grey color; but it is stated that she had some difficulty in judging of distances.—*See Gazette Medicale.*

Effects of Caffeine.—Dr. Eulenberg has obtained favorable results from the use of caffeine in the treatment of hemicrania in two instances. Both the patients were men between thirty and forty years of age, and enjoying, in other respects, good health. The attack recurred at intervals of from one to four weeks, becoming more and more aggravated until it reached its height; and was occasionally relieved by emetics. Various remedies had been previously used without success. He exhibited two grains of caffeine as soon as the attacks commenced, and repeated this dose thrice at intervals of two hours. It was found to have the effect not only of relieving the pain, but also of lengthening the interval between the attacks.—*Allgemeine Medic. Centr.-Zeitung.*

Radical Treatment of Hydrocele by the local Application of Lunar Caustic.—Dr. Parker, of New York, recommends the application of the solid nitrate of silver to the internal surface of the tunica vaginalis. He says that if employed with care and safety, it is less liable than other plans to induce severe inflammation, and is a certain cure. The mode of application is thus described:—"After drawing off the fluid contents of the tumor in the ordinary way, I introduced through the canula a common probe, the end of which was coated, for half an inch or more with nitrate of silver. This extremity, thus charged with the caustic, was carried lightly over the serous surface of the tunica vaginalis, in various directions, and then removed. The patient complained of some pain during this part of the operation. He was directed to keep quiet for the pain and swelling consequent upon the application of the caustic, and apply cooling lotions, should the inflammation be at all severe. He returned home, but as he suffered but little pain, and the swelling was slight, and as his services could not well be spared, he continued about his business without interruption. The pain lasted three or four days, when it ceased altogether, leaving the scrotum of its natural size. In

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this condition it has since remained, with no symptoms of a return of the hydrocele, the cure having been complete." Three other cases are reported.—*Boston Medical and Surgical Journal.*

Effects of Cod-liver Oil on the Blood.—A paper was read at the Royal Society:—"On the Changes produced in the Blood by the Administration of Cod-liver Oil and Cocoa-nut Oil." By Theophilus Thompson, M.D., F.R.S.—The author has found, that during the administration of cod-liver oil to phthisical patients their blood grew richer in red corpuscles, and he refers to a previous observation of Dr. Franz Simon to the same effect. The use of almond-oil and of olive-oil was not followed by any remedial effect; but from cocoa-nut oil results were obtained almost as decided as from the oil of the liver of the cod, and the author believes it may turn out to be a useful substitute. The oil employed was a pure cocoa oleine, obtained by pressure from crude cocoa-nut oil, as expressed in Ceylon and the Malabar coast from the Copperah or dried cocoa-nut kernel, and refined by being treated with an alkali, and then repeatedly washed with distilled water. It burns with a faint blue flame, showing a comparatively small proportion of carbon, and is undrying. The analysis of the blood was conducted by Mr. Dugald Campbell. The whole quantity abstracted having been weighed, the coagulum was drained on bibulous paper for four or five hours, weighed, and divided into two portions. One portion was weighed, and then dried in a water oven to determine the water. The other was macerated in cold water until it became colorless, then moderately dried, and digested with ether and alcohol, to remove fat; and, finally, dried completely, and weighed as fibrin. From the respective weights of the fibrin, and the dry clot, that of the corpuscles was calculated. The following were the results observed in seven different individuals affected with phthisis in different stages of advancement:—

		Red corpuscles.	Fibrin.
First stage, before the use of cod-liver oil,	Female,	129.26	4.52
	Male,	116.53	13.57
First stage, after the use of cod-liver oil,	Female,	136.47	5.00
	Male,	141.53	4.70
Third stage, after the use of cod-liver oil,	Male,	138.74	2.23
Third stage, after the use of coa-nut oil,	Male,	139.95	2.31
	Male,	144.94	4.61

Upon the Pneumonia of the Insane. By Dr. Gaye.—The author remarks how often in the bodies of the insane circumscribed morbid changes are found in the pulmonary tissue without there having existed during life any indication of diseased action. The difficulties attending physical investigation, and the peculiar course of the pneumonia; the frequent absence of subjective symptoms in such patients, afford some explanation

of the fact. According to Calmeil, hepatization of the lung occurs once in every five bodies. According to Thore, the proportion is 1 in 7; according to Lechler, 1 in 9; according to the author, 1 in 6. In 134 autopsies, the author found 22 instances of pulmonary hepatization; 3 instances of extravasation of blood in the tissue; 1 instance of pulmonary gangrene. In many cases there were present co-existent pleuritic effusions. The histories of the patients present nothing worthy of remark. Of seven cases, five had long suffered from deep-seated cerebral disturbance. The author accounts for the frequency of pneumonia in the insane by a lessening of energy or a paralysis of the filaments of the nervi vagi distributed to the lungs; and he refers to the experiments of Majendie, who proved this connexion by poisoning animals with medicines whose action is especially exerted upon this nerve; (ipecac.; tart. stib.; digit.), inflammation of the lungs ensued in each experiment. He brings forward the experiment of Volkman, who proved that division of the nervi vagi produces congestion of blood in the lungs. According to Griesinger, pneumonia occurs especially in those cases of typhus where the patients have long lain in a state of sopor. The author also remarks upon paralytic patients, in whom hepatization of the lung ensues after long sopor. Finally, the excessively rapid exudation indicates that inflammation in these cases arises from paralysis of pulmonary capillaries.—*Damer. Ztschr. x.* 4.

Inga—A new Astringent.—This substance enjoys a reputation as an astringent and tonic in some European countries, and also in America. The bark is compact and heavy, and its fracture presents alternate layers of white and red. When chewed it is found to be astringent to the taste, and quickly imparts a red hue to the saliva. It is thick in extractive principles. The alcoholic extract resembles that of rhatany, both in its color and general properties. In America inga is extolled as an astringent tonic in diarrhœa, in gonorrhœa, in hæmoptysis, in incontinence of urine, and in relaxation of the tissues. As an antiseptic its powder has also been used in the same instances as cinchona. Some trials already made in Paris appear to justify its reputation and its claim to take rank in our *Materia Medica.*

Method of Detecting whether Olive or other Non-Drying Oils have been adulterated with Poppy or other Drying Oils.—Nitric acid has the property of converting the olcine or the liquid constituent of almond, olive, and other non-drying oils into a crystalline substance, termed elaidin, while it has not the same action upon the drying oils. Wimmer has accordingly proposed a process to detect whether olive or almond oil has been adulterated with any of the cheap drying oils, founded upon this property. He introduces some iron filings into a flask, provided with a cork, into which he inserted a long bent tube, and then pours some strong nitric acid upon them; a part of the nitric acid will be decom-

posed, and nitrous acid fumes evolved, which pass off by the bent tube, and are made to pass through a sample of the oil to be examined, placed in a glass with a little water. In performing the experiment the end of the tube must be just in contact with the water upon which the oil is made to float. In a short time the whole of the non-drying oils will solidify into a semi-crystalline mass, while any poppy or other drying oil, if present, will float on the surface. In a similar way the adulteration of drying oils with non-drying ones can of course be detected.—*Month. Jour. of Indust. Progress.*

Preparation of a Double Salt containing Protoxide of Iron.—The Austrian Pharmaceutical Journal contains an anonymous paper on this subject, in which it is stated that the white carbonate of iron, precipitated from a solution of protochloride of iron re-dissolved by the addition of dilute nitric acid, gives a colorless liquid, which may be kept without oxidation, even in an open flask, and when evaporated, yields a nearly colourless double salt, which deliquesces in a moist atmosphere, but is not oxidized. On account of the hygroscopic character of this salt, the author recommends that the solution should be used for medicinal purposes, and prepared as follows:—Clean iron wire is dissolved in an ounce of hydrochloric acid of 1.110 sp. gr., the green solution being treated with enough carbonate of soda to precipitate all the iron, and dilute nitric acid added, until the precipitate is re-dissolved. This liquid is diluted with distilled water, until the total weight is six ounces; one ounce, therefore, contains 12.5 grains of iron. A solution of proto-sulphate of iron precipitated by carbonate of soda, and the precipitate re-dissolved in dilute of sulphuric acid, likewise gives an almost colorless liquid, which yields, on evaporation, crystals that are not oxidized by exposure to air. He considers that this salt might be advantageously submitted for sulphate of iron in medicine. It is probable that the first mentioned compound contains proto-nitrate of iron, which has been observed by Berzelius to possess a certain degree of stability.—Pharm. Journ.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

A lunatic asylum, quite within our own memory, and we have not as yet attained to a very advanced age, was associated in the public mind with all that was gloomy and repulsive in character. An extensive range of buildings of a heavy exterior, with windows protected by strong iron bars, and surrounded by high stone walls; massive gates,

with mysterious looking wickets, attended by a sombre porter in livery, the clank of whose keys chilled the heart of the hearer; fearful shrieks and laughter issuing from the building; inmates lying helpless in dark rooms covered with filth—chained to rings in the floors, or roaming through long passages with their arms fastened by hand-cuffs; these, and many other things, went to make up the idea entertained by most persons regarding "*bedlam.*" Nor will we deny that there were circumstances connected with the management of lunatic asylums at that time to warrant these apparently extravagant opinions. To the friends of one who was pronounced insane, the verdict came pregnant with more poignant anguish than if they had been told to expect his immediate dissolution. They thought shudderingly of long years of close confinement; of physical restraint; of harsh treatment perhaps from iron-hearted keepers, and could scarcely indulge a hope that he might at some future period be restored to them with an unclouded reason. What a revolution, however, has, within a few years back taken place in everything relating to the confinement, treatment, and management of the insane? The treatment of diseases of the mind has now become the most important of the specialities. Physicians of superior talent are now devoting all their energies to this branch of medical science, and are even working out the question of asylum building in all its details, so that the style of edifice most conducive to the comfort and safety of the patient may be determined. There is no doubt that questions such as these belong more to the province of the physician than the architect; for, in the treatment of insanity, the construction of the building, and the laying out of the grounds attached to it, enter largely into the probabilities of the mental health of the patients being restored.

In Canada we have two institutes for the reception and treatment of the insane—the Provincial Lunatic Asylum at Toronto, and the Beauport Asylum in the vicinity of Quebec. Two more, however, are absolutely demanded, and that immediately.

The Toronto Asylum is a fine edifice, built, we believe, according to a modern plan, and including in its internal arrangements many of the recent improvements introduced into the construction of similar institutions. It is made to accommodate 250 patients. It contains, however, according to recent reports, 370 inmates. Now, it is admitted by the best authorities on insanity, that there cannot be anything more inimical to the successful treatment of the insane than an overcrowded asylum. The idea of a building, therefore, calculated to receive 250 persons of unsound mind, receiving an augmentation of its numbers by 50 per cent. is most distressing to contemplate. How Dr. Workman, the present superintendent, manages alone, we cannot conceive; and that there should be a

suicide and a death from violence in the institution occasionally, are, we consider, things not to be surprised at. The only matter of astonishment being—that under existing circumstances such catastrophes are not of more frequent occurrence. The present condition of the asylum is, we have every reason to believe, not unknown to the authorities; but as yet they have not taken any steps to remedy the evil. Electioneering and railroad speculating, which will undoubtedly assist in adding to the number of those suffering from aberration of intellect, are engrossing the attention of our public men, to the exclusion of the claims which humanity has upon them. The buildings for the Deaf and Dumb and the Blind have not yet been commenced, and the Lunatic Asylums are allowed to be packed with our unfortunate fellow-citizens. Shame on the government which has allowed such a state of things to exist for a day. We would advise our medical readers to retain their patients at home, or send them to some good foreign institution rather than place them, under existing circumstances, in the Toronto Lunatic Asylum.

As to the Beauport Asylum, we are persuaded that it is an institution, to use the words of an eminent philanthropist who recently visited it, not objectionable as a quiet residence for a lunatic.

What we want, then, are two good hospitals for the insane; one to be located in the vicinity of Montreal, the other in Canada West near a flourishing town or city; each of the buildings to accommodate 250 patients, and to include the most recent improvements introduced into the modern asylums of Great Britain and the United States, no matter what the expense may be.

THE LATE DR. McCULLOCH.

"It is with the deepest feelings of regret that we have to announce the death of Dr. McCulloch, of the prevailing sickness, yesterday morning [Wednesday, July 12.] at a quarter before five o'clock.

"He fell emphatically the victim of over-exertion.—For some nights previously he had hardly been able to obtain an hour's rest. On Monday evening at ten o'clock, as he was getting into a cab, weary and worn out, he said to a friend: 'Don't you pity me?'—and narrated at the same time the heavy labors he had to undergo. These were bestowed on rich and poor alike. At one o'clock the same night he was again called out; and the previous evening, so fatigued was he, that he fell asleep as he was talking to a friend. So that, when it is remembered that physicians are but composed of flesh and blood, as other men, it is little wonder that Dr. McCulloch is a victim.

"Thus fell one of the foremost and oldest and most loved and respected of the physicians of Montreal a heroic sacrifice to the welfare of others. His loss will be long and deeply felt, as well by his family as

the citizens. But if anything can give balm to mourning, or mitigate grief for his loss, it is the reflection that he died in the too arduous and faithful performance of the humane and Christian duty of endeavoring to sooth the pains and save the lives of others."—*From the Montreal Gazette.*

To the above, which we copy from the Gazette of this city, we would add the following short sketch of Dr. MacCulloch's professional history.

Dr. MacCulloch was a native of Scotland, and commenced the study of medicine in the University of Glasgow. Subsequently he removed to London, where he became a student at Brooks', and in due time obtained the diploma of the Royal College of Surgeons of England. He also attended closely on the practice of the celebrated Farre, the founder, in conjunction with Saunders, of the London Ophthalmic Institution. While in London, he formed an intimacy with the late Mr. Bransby Cooper, from whom, on his departure for Canada in 1824, he received letters of introduction to the Bishop of Quebec, and other gentlemen. On his arrival in this country he commenced practice in St. Thérèse. Here he remained until 1833, at which time he was in possession of one of the most extensive rural practices in the Province. This he relinquished to establish himself in Montreal. On his departure from St. Thérèse, so endeared was he to the inhabitants by his many excellent qualities, they presented him with a piece of plate, as a token of the estimation they held him in, as a friend and physician. He had not been long in Montreal ere he found himself in large practice, and the same confidence and esteem which he won from his patients in the country, was freely awarded to him by those with whom he became professionally connected in his new sphere of action. From 1833 to 1854, a period of 21 years, he maintained a foremost position as a practising physician, and was greatly and deservedly respected by his professional confrères.

The Honorary Degree of M.D. was conferred on him by the University of McGill College, and at the time of his death he was Professor of Midwifery and Diseases of Women and Children in that institution, a position which he had held for many years. He was also the Physician to the University Lying-In Hospital, and at one time to the Montreal General Hospital.

Dr. McCulloch was particularly fond of the study of Zoology, and always took a deep interest in the welfare of the "Natural History Society of Montreal."

In 1841, during the administration of the late Lord Sydenham, he entered the political arena, and was returned for the important county of Terrebonne.

At five o'clock on the morning of Tuesday the 11th ult., Dr. McCul-

loch was seized with premonitory symptoms of cholera, but of so slight a nature, that after having taken a dose of the solution of morphia, he ordered his carriage, with the intention of proceeding to make his morning visits. In two hours, however, the disease assumed a most serious character, and he sent immediately for an eminent brother practitioner and friend. From that time, notwithstanding all the unwearied care and attention bestowed on him by his many friends, the disease continued with unabated severity, and terminated fatally at five o'clock on Wednesday morning.

OBITUARY.

Died at Cornwall, on 21st July, at the age of 21, Joseph P. Phelan, M.D. A few days previously he had been in Montreal complaining of ill health, but had so far recovered as to be able to return home. On his way thither he grew worse, and shortly after reaching his family, was seized with symptoms of cholera, which soon proceeded to a fatal termination.

BOOKS RECEIVED FOR REVIEW.

Bennett on Pulmonary Tuberculosis, 1854. Parker on Syphilitic Diseases; from the third and entirely re-written London edition, 1854. Hughes on Auscultation and Percussion; second American from second and revised English edition, 1854, From Messrs. Blanchard & Lea, Philadelphia.

Fifth Annual Report of the Female Medical Education Society. From the Secretary.

CORRESPONDENCE.

LONDON CORRESPONDENCE.

London, 30th June, 1854.

At the present moment, the medical world in London are resting themselves after their labors of the past winter; everything seems quiet and calm; the meetings of the medical societies have terminated; the winter lectures have ceased; and the subject of medical reform is in a dormant state, since the rejection of Mr. Brady's *little bill* in the House of Commons, which was predicted in my last letter. Those who have the leisure and the inclination, during the summer, are to be found in the wards of the hospitals, or in the theatres of their operating rooms; and

the physicians and surgeons are now enabled to devote more time and attention to their cases than their numerous occupations permitted of during the winter session. Hospital Reports, therefore, shall form the subject of this and the next letter.

Lead Colic.—On the 16th May I witnessed a case of this affection in St Mary's Hospital, under Dr. Sibson, which possessed features of some interest, from the success of a form of treatment, strictly chemical in its nature. The patient, a painter by trade, had been admitted on the 13th, suffering from severe pain in the bowels, which were at the same time most obstinately constipated. The gums presented a bluish tinge near their margins, and the symptoms were unmistakeably those of saturnine disease. The bowels were moved with some difficulty, and the patient was then ordered half a drachm of sulphur during the day, to be taken in treacle, and sulphur baths. Each bath contained half an ounce of sulphur, in water sufficient to cover the body. Each time, on coming out of the bath, the surface of the skin of the greater part of the body and face was blackened in color, to the alarm of the patient, but which subsequently washed off. This blackness was owing to the decomposition of the lead, and the formation of a sulphuret, which is perfectly harmless. The use of the sulphur internally acted very beneficially, keeping the bowels regular, and gradually removing the pain. He was so far recovered to-day as to desire his discharge; it was considered prudent, however, to keep him in hospital a few days longer, more particularly as he wanted to recommence work at his old trade. Dr. Sibson, in speaking of this case, informed me that Dr. Gueneau de Mussy treated the late King Louis Phillippe on this plan, when suffering with his family from lead poisoning at Claremont, with perfect success. I remember reading his paper, but forget whether it was published in the Archives Generale de Medecine, or in the Dublin Quarterly Journal. The form of treatment is simple in its nature, and, although chemical, is certainly rational in its principles.

Seton in Ununited Fracture.—A little boy, aged about 11 years, was admitted into the surgical ward of Bartholomew's Hospital some weeks back, for an ununited fracture of the lower portions of the tibia and fibula of the left leg. His leg was broken in August of last year, and was seen by a surgeon, who looked upon the injury as merely a bruise, and who prescribed a lotion. The boy, however, soon commenced to limp about of his own accord, when the leg became crooked, and a sort of false joint formed between the ends of the broken bones. The leg, on his admission, was forcibly straitened, and put in a long splint, and retained in this position for some time, without any beneficial effects whatever being produced, when Mr. Lawrence thought it advisable to treat

the case by a seton between the ends of the broken bones, as offering a better chance of ultimate bony union. Accordingly, the boy was brought into the operating theatre on the 3rd June, and laid upon a table on his back. Mr. Lawrence, with a scalpel, then passed the instrument posterior and close to the bone in the direction of the fibula; he then endeavored to pass the seton needle through the channel he had thus made, but without success, as there was a good deal of irregularity and induration of the structures close to the broken ends of the bones. He therefore made a counter opening between the tibia and fibula on the outer side of the leg, and passed the blade of the scalpel completely through to the first opening, and with it as a guide, the seton needle was passed through the first opening upon the scalpel without further difficulty, and the threads were drawn through. This operation is one of apparent simplicity, but it is sometimes, as in the present case, attended with some difficulty.

Contraction of the Tendo-Achilles after partial amputation of the foot—Tenotomy.—A lad, aged about 18, had the anterior half of his right foot literally smashed, from the falling of a lot of ironware upon it; the skin was all torn, the bones crushed, and the muscles extensively lacerated. Amputation was performed by Mr. Lawrence at the articulation of the tarsus with the metatarsus; no untoward symptom followed, and with the exception of sloughing of a little of the flaps, the operation has ended favorably in leaving a good stump. From some cause not suspected, there has been a contraction of the tendons of the calf of the leg, with a drawing upwards of the heel, the stump resting upon its terminal end instead of the flat of the foot. The division of the tendon, therefore, became necessary, by the ordinary operation of tenotomy. On the 3rd June, Mr. Lawrence proceeded to perform this operation, and cut the tendon in the usual manner, but owing to its rigidity, when being cut the knife passed outwards, and cut through tendon and skin together. A suture was therefore applied to bring the edges of the wound together, and the foot bandaged with adhesive plaster, in its original position, to permit of partial union, and in six days after, to be placed into Scarpa's boot.

Neither of these patients were put under the influence of chloroform, and although both operations were of a minor character, they are recorded to illustrate the peculiarities which occasionally do present themselves during their performance.

Conservative Surgery.—Among the commonest surgical affections to be met with in most of our large hospitals, are to be found diseases of the bones of the lower extremities, and frequently attended with very troublesome and offensive ulcers. Such cases, from the annoyance

which they have often proved to the unfortunate patients themselves, and from other causes, were, not a very few years ago, treated heroically by amputation of the limbs, either above or below the knee; it has been my lot to have, I may say frequently, witnessed such operations for cure, and alas, sometimes followed by a very different result than has been hopefully anticipated. Fortunately, conservative surgery is now constantly stepping in to prevent such hazardous means of treatment, and hardly a day passes but we witness instances which, but for it, might have been sorry examples of our noble art. The following operations which I witnessed at King's College Hospital, on 24th June, furnish most excellent examples of the improvements made in modern surgery, so essentially conservative in its character, and so much more satisfactory in its results to both the Surgeon and the poor patient.

An *elderly man* was brought into the theatre with his right leg bandaged up, which, on being unloosened, was found to be somewhat enlarged over its anterior and middle aspects, and irregular on its surface along the course of the tibia. The skin was red and shining, and presented openings communicating with denuded and dead bone. Mr. Fergusson stated this case to be one of the illustrations of the effects of chronic inflammation of bone, followed by necrosis of superficial parts of it, requiring operative interference to remove the dead portions from the living. He accordingly made an incision trhough the thickened and indurated skin, to the extent of several inches along the anterior portion of the tibia, about a couple of inches below the knee, cutting down to the bone itself. With his finger only he loosened the connection between the skin and the bone on either side of his incision, and with the aid of a small pair of Liston's forceps, but with the cutting portion bent in a curved form, with the convexity towards the bone, he cut away and removed all the portions of necrosed bone which he could find. He used the gouge in two or three spots of the tibia where the necrosis occupied concavities in its surface. A good deal of hemorrhage followed the incision when first made, but it ceased completely after, so that the operation itself was not interfered with. Among the portions of bone removed, were fragments with healthy and dead bone mixed, with new and dead bone, and of purely necrosed bone. A bandage was loosely put round the leg, and the patient removed. Mr. Fergusson, in his observations upon the case, remarked, that as the sources of irritation were now removed, he had no doubt whatever that the sores would heal up, and the patient be free from further annoyance.

A *female*, aged about 24 years, healthy-looking, whose left fore arm bore evidence of long standing scrofulous disease of the bones, both from the marks of healed up sores and existing sinuses, was next brought

under notice. A fistulous opening over the posterior part of the lower end of the radius, was slightly enlarged with a scalpel; the ends of a pair of forceps were introduced, and several pieces of necrosed bone removed, which had long proved sources of irritation. With the aid of his finger, and also of the forceps, he (Mr. Fergusson) very roughly broke up the interral connections around the bone, in every direction, and removed a quantity of scrofulous substance. This was attended with much bleeding; water was poured over this opening to wash out any remaining matter, and the patient then removed. Mr. Ferguson observed that this patient was affected with scrofula in other parts of the body, but the arm was what demanded interference; it was deformed from the previous destruction of portions of the bone, and now had numerous sinuses communicating with necrosed bone. It appeared enlarged and misshapen near the wrist. He used the term necrosed bone, he said, notwithstanding the extremity of the radius near the joint was affected; he believed the soft or spongy portions of bone were often in a state of necrosis, as well as the cancellated structure, although the disease perhaps was more common in the latter. He was aware that this was contrary to the opinion of some surgeons. He believed that he had removed portions from the very extremity of the radius in this case, as the disease extended to the wrist joint. His roughness in moving his fingers and forceps in the wound was intentional, so as to break up and loosen as much as possible the peculiar substance so common in scrofulous disease. He remarked that such cases as these had been formerly treated by amputation, but that now the diseased portions of bone were removed, and the limb saved. Both of these cases were operated upon under the influence of chloroform, administered by my experienced friend Dr. Snow.

Cholera.—No progress appears to have been made by this disease during the last eight weeks, from the 29th April to the week ending 24th June. The weekly returns for that period mention 7 deaths from it, and 205 from *diarrhœa*. The former were cases of the ordinary English type, and not at all malignant in their nature, so that we have still reason to be thankful. The deaths from diarrhœa exceed the average number, for the same period during the *last ten years* by 50.

The deaths from *small pox*, *measles*, *scarlet fever*, and *hooping cough*, for the last eight months, were respectively, 82, 292, 494, and 434. The two last continue to be epidemic and are unusually fatal; the deaths from scarlet fever always exceed those from hooping cough in the aggregate, but I have shown, in a work on the latter disease, that hooping cough is pre-eminently the disease of early childhood, and is the most fatal of any known disease under five years of age.

G.

THE PUBLIC HEALTH.

(To the Editors of the MEDICAL CHRONICLE.*)*

PRESCOTT, C.W., July, 1854.

GENTLEMEN,—Permit me, through the medium of your journal, to draw the attention of the Board of Health to the filthiness of the streets and back yards of the town, in consequence of a fatal disease hovering over us, and two cases already terminated fatally by the disease under consideration—Cholera.

The yards, back-houses, and cellars are most intolerably filthy, and no inclination is shown to remove the nuisances. The Board of Health or Sanitary Committee, if there is any in existence, should do their duty, and take the proper means to ward off disease. The public health and safety most emphatically demand it.

The board should immediately set about a thorough purification of the streets, back yards, and out-houses that are reeking with filth. I do not wish to excite alarm without cause; my only desire is, if possible, to ward off the pestilence that is at our doors. The board of health at Toronto have cautioned the public against throwing or depositing any offensive matter in the streets and yards. A thorough purification of the town, cleansing of foul sewers and back yards, together with the free use of the chloride of lime, are means of immediate necessity. If these means were put in operation we would see disease disappear in place of a rapid increase.

If the Board of Health will not enforce the above measures, it will then be the duty of the inhabitants to take the necessary measures for the protection of their lives. It was expected our civic authorities would give some attention to hygienic measures in the town. Can they give any reasonable excuse why such means of such paramount importance have as yet been neglected. The Board of Health should be remunerated for their services.

There is an Act of Parliament passed 25th April, 1849, making provision for the preservation of the public health in certain emergencies. The municipal authorities here should avail themselves of its salutary provisions.

Your obedient servant,

R. W. EVANS, M.D.

Prescott, C.W., July, 1854.

(The subject of complaint is so urgent and so local, that Dr. E. should have published the above letter in a Prescott newspaper upon the first appearance of cholera.—EDS. MED. CHRON.)

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Hydrocele, treated by Iodine Injection.—(Reported by Mr. J. L. Stevenson.)

Donald McDonald, a laborer, aged 40, was admitted under Dr. Fraser May 9th, 1854, with a single hydrocele of the left side, of five months' duration.

He ascribed its origin to cold, caught about the beginning of December last, while working in ditches. It went on increasing in size for some time, and at last obliged him to discontinue his work, which he did for a couple of weeks, when it began to diminish; but so soon as he recommenced his labor, it again began to increase. When admitted, it had attained the size of a large orange, and was slowly but steadily enlarging. The testicle was unaffected, and, as usual, situated posteriorly. His digestive organs being somewhat deranged, he was ordered a dose of cathartic medicine.

On the 12th, the tumor was punctured with a trocar, and about four ounces of limpid fluid drawn off. ℥ij. of compound tincture of iodine, with ℥vi. of water, were then injected within the tunica vaginalis, and allowed to remain, the canula being immediately withdrawn. The testicle was well supported by a bandage, and a lotion of acetate of lead ordered, in case the inflammation should prove excessive.

On the 13th and 14th, the degree of inflammation was not more intense than was desirable, but he had headache, for which he was ordered a cathartic draught.

After remaining stationary for a day or two, the swelling began slowly to subside, and continued to do so under the influence of pressure by means of adhesive plaster and compound iodine ointment, until the 6th of June, when he was discharged cured, the scrotum appearing then almost of the natural size.

Remarks.—This case exemplifies the safety and success attending the injection of the diluted tincture of iodine, without drawing it off again—as a radical cure for hydrocele. In several cases, similarly treated, the same result has invariably followed, and according to the testimony of all who have had recourse to the practice, it very rarely indeed fails to produce in the serous membrane of the tunica vaginalis, the alteration requisite to check the abnormal secretion of serous fluid, which constitutes that disease. It will, therefore, in all probability, supersede the numerous other plans that have been in use for the radical cure of that complaint.

MEDICAL NEWS.

43 deaths by Small Pox in New York city in one week.—It is stated that there are 10 or 12 cases of cancer in the London Hospitals, all the result of excessive smoking.—Civilians are mistaken who believe that shot kills most soldiers in war time. During the Peninsular compaigns 40,000 men were killed in action or died of wounds; 120,000 died of disease, a great deal of which was rendered fatal by the want of proper medical attendance whilst 120,000 more were by disease rendered unfit for service.—Cold, Bronchitis and Influenza are prevalent amongst the crews of the ships of Sir Chas. Napier's squadron; 1 in 14 of officers and men on the sick list, 5 to 7 is usually considered the average sick list of ships on service.—Surgeons in the navy are now wanted if qualified according to established regulations.—The director general of the navy medical department finds himself unable to supply more than 5 candidates to fill 31 vacancies, and has had to call upon surgeons and druggists assistants to do the duties that ought to devolve upon assistant surgeons.—The venerable Prof. Jamieson has lately died in Edinburgh after having occupied the chair of Natural History in the university for half a century.—Three daughters of a clergyman were recently burned to death in Kentucky by the explosion of a can containing camphene.—An Indian woman died at Knight's Ferry recently at the advanced age of 154 years.—A disease has recently been prevalent in India, which the Epidemiological Society of London consider to be true plague, and it is supposed that very possibly it may again visit European countries, Of 149,797 recruits inspected for the British army in 9 years, only 99,361 were fit for service. In France, the entire population at the age of 20 is compelled to draw lots for the army. Of the hundreds of thousands of this conscription it is curious even more are unfit for active service, fully one-half being sent back.—During the use of codliver oil the red globules increase in 1000 parts in the proportion of 116 to 144 parts. Dr. Thompson has discovered that cocoa nut oil is as valuable as that from the liver of the cod and allied genera.—M. Leuckart, by feeding white mice on the eggs of the flat worm (*Tornia crassicollis*), has succeeded in engendering within their bowels the cystic worm or cœnuris.—300,000 litres of milk are consumed daily in Paris. This quantity is augmented to one-third more by the sophisticators of—1st, The agriculturist; 2d, The gleaner; and 3d, the retailer, who accomplish their object by the addition of water with a little sugar and white of egg.—Toothache can be removed without the loss of the tooth, by an emetic of ipecacuanha, *tuto cito et non jucunde*.—An excess of upwards of 100,000 charges of vaccine lymph has been supplied by the National Vaccine Board of England during the last year, owing to the Vaccination Extension Act, which came into operation on the 11th of October last.—The number of bathers at the public baths and workhouses in the metropolis, in the quarter ending at Lady-day, was 144,502, and the receipts from them amounted to £2140. The number of washers was, 74,822 and the receipts were £1607.—Dr. Nott, of Louisiana, reports a case of expulsion of a fish bone through the abdomen, proving clearly that foreign bodies may be thus discharged, after having been taken into the stomach.—Dr. Sutheraud, one of the Graveyard Inspectors in the Home Office, has been seriously ill from inhaling poisonous gas, the escape from decaying corpses in a graveyard that he inspected. He is, however, recovering.—Vaccinia appears to be a better preservation against variola than variola itself. Out of 1000 vaccinated persons, according to Dr. Griva, only 1 was attacked by small pox, whilst of 1000 who had once had variola, 2 suffered a second time.—The Tennessee Legislature, at its last session, appropriated $5000 to the State Hospital of Tennessee, Nashville, or $3560 yearly, for two years; and $10,000 to the Memphis Hospital.—Prof. J. M. Safford was appointed State Geologist of Tennessee, by the late Legislature, at a salary of $1500 per year.—Dr. G. Shattuck, who some time ago donated $14,000 towards sustaining the professorship of Morbid Anatomy in Harverd University, and who died in Boston, March 18, aged 71; has left by his will $10,000 more to the same institution. He has also given the income upon certain stocks for three years, amounting in all to about $10,000, to the Mass. Medical Society; besides legacies of $40,000 to charitable and religious societies in Boston.—There were 53 suicides in New York last year.—A marine diver was lately suffocated whilst 30 feet under water on Lake Erie owing to a defect in the air pumps.—Prof. Martin Paine, M.D., has been chosen a corresponding member of the "Gesellschaft fur Natur and Heilkunde zu Dresden," which is the first election of an American to that Society.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. XIII.—*Strychnine in Asiatic Cholera.* By W. Fraser, M.D., Professor of the Institutes of Medicine, McGill College, and Physician to the Montreal General Hospital.

During the present epidemic of Asiatic Cholera, I have, from witnessing the frequent failure of most of the different plans of treatment hitherto recommended by writers for that disease, been led, on physiological grounds, to try the effect of minute doses of strychnine as a *general stimulant*, for sustaining the vital powers on the eve of their failure, and for restoring them to functional action when that is all but suspended by the supervention of collapse. By thus sustaining life till the virulence of the disease is expended, time is afforded for the trial of any plan of treatment to which the medical practitioner may be most partial, for correcting the abnormal condition of the blood and secretions, a condition resulting from the combined effect of the original cause of the disease and the discharges from the gastro intestinal mucous membrane. It will hence be perceived that strychnine is not suggested by me as a remedy for superseding the treatment hitherto pursued in cholera, but as a stimulant superior to any hitherto in use for sustaining life, in cases where life would, to all appearance, otherwise become extinct before treatment calculated to restore the blood and organic functions to their normal condition could be made available. Administered for fulfilling the object thus defined, in the mode which I will presently explain, strychnine in cholera has been attended with an amount of success in my hospital practice which far surpasses what I have met with from any other remedy, and justifies the *a priori* opinion, formed on physiological grounds, of its probable *modus operandi* in this fearfully rapid disease; hence I am induced to lay the result before the profession.

For the sake of explicitness, I will explain, 1st, The indications which have guided me in the administration of strychnine; 2dly, The dose

found most suitable, and the intervals at which it ought to be repeated; 3dly, The result of my hospital practice; 4thly, The testimony of others.

1st, *The indication for the administration of strychnine.* In all cases of real Asiatic cholera (tested by the evacuation of rice water stools), even before the supervention of collapse, the coming failure of the circulation is indicated by less or more irregularity or fluttering in the rhythmic action of the pulse. When the case is seen at this stage, the strychnine should be at once commenced simultaneously with means for arresting and correcting the discharges. Given at this early period, it will rarely fail to arrest the patient's descent into collapse. From 6 to 12 doses will usually cause the pulse to become firmer and more regular, and the anemic appearance due to the serous discharges from the alimentary canal to be replaced by an active capillary circulation. In those cases, on the other hand, that are in a state of collapse when first seen the principal indications are to bring on reaction and to arrest the discharges, when these still continue. All who have seen much of cholera must be but too familiar with the frequent failure of ordinary stimulants in bringing on reaction; hence the necessity of employing such an extraordinary and powerful agent as strychnine, which, according to my experience, will often, but not always, succeed in doing so, in cases where all other stimulants would fail. In some desperate cases, other stimulants, as tea, camphor, brandy, or champagne, may be advantageously given, when the stomach will bear them concurrently with strychnine, they will however be very commonly rejected, while strychnine alone is retained.

2ndly, *The dose* which I have found most suitable is the 1-48th part of a grain, dissolved in acetic acid and alcohol, and repeated every quarter of an hour, or every five or ten minutes in very severe cases, till the pulse, if it has been fluttering, as in incipient collapse, becomes steady, or till reaction is established in cases of collapse,—when these objects are accomplished, the interval between the doses ought to be lengthened —and should the specific effect of the medicine on the nervous system be produced, then its exhibition should be suspended till these disappear, when it may be again administered if deemed requisite at longer intervals. The medicine should be thus continued till the circulation is fully and firmly established, and the patient is fairly beyond the risk of collapse. During the administration of this dangerous remedy, the patient should be frequently seen by the physician in order to watch its effects, and direct its discontinuance, should its effects on the nervous system manifest themselves. When not convenient for the chief medical attendant to see the patient sufficiently often for the purpose, then an intelligent and well instructed assistant ought to be en-

gaged to watch the case. In none of the hospital cases, to which I shall presently refer, did the least injurious effect follow the use of the medicine—in the majority of them reaction came on without the necessity of pushing it so far as to produce its constitutional effect—while in a few that effect was requisite together with the assistance of auxiliary stimulants.

3rd, *The result of hospital practice.* The number of cases in which strychnine has been administered under my directions by the zealous and intelligent house surgeon, Dr. Craik, between the 17th July and 2d August, is 22. For the satisfaction of the profession, I here give a table showing the date of admission, names, ages, stage of the disease on admission, and the result.

TABLE OF CASES TREATED BY STRYCHNINE.

Date of Admission.	NAME.	Age.	Condition on Admission.	Result.	Remarks.
1854. July 17	Fredrick Bremmer	23	Severe Collapse	Dead, July 24	Secondary fever.
„	John Schmitt	35	Severe Collapse	Dead, July 25	This patient was discharged cured, and re-admited for the relapse, of which he died.
„	Joanna Spratt	14	Severe Collapse	Cured.	
19	Ann M. Crawford	34	Incipient Collapse	Cured.	
20	John Moodie	31	Slight Collapse	Cured.	
„	Jeffrey Balwin	19	Slight Collapse	Cured.	
„	William Anderson	41	Severe Collapse	Dead.	Admitted 9 A.M. died 3 P.M.
21	Robert Marshall	56	Incipient Collapse	Cured.	
„	Hannah Foley	45	Severe Collapse	Cured.	This patient was in the worst possible condition.
24	Sophia McCoy	19	Severe Collapse	Cured.	
25	Williams Barns	60	Severe Collapse	Cured.	One of the worst cases.
26	John Connors	60	Severe Collapse	Cured.	
27	Mary Hawkins	20	Severe Collapse	Cured.	
26	Antonio Josette	26	Severe Collapse	Cured.	
29	Austin Webber	29	Severe Collapse	Cured.	
„	Zeske Webber	30	Severe Collapse	Cured.	
30	Ann S. Collins	38	Incipient Collapse	Cured.	
31	Mary Zuyer	18	Slight Collapse	Cured.	
„	Margaret Ring	22	Incipient Collapse	Cured.	
„	Patrick Lynch	40	Severe Collapse	Dead.	Aug. 8, of secondary fever.
Aug. 1	Willielma Fleischer,	30	Severe Collapse	Dead.	Aug. 7, of secondary fever.
2	Louisa Harris	17	Severe Collapse	Under treatment & doing well.	

It is right to mention that these cases were not selected as favorable ones for obtaining favorable statistics for the strychnine treatment, but include every case as they came under my charge during the above period, which appeared to require stimulating treatment, with one exception, moribund, at the time of admission, and which I did not see. In all the cases the calomel treatment was simultaneously employed, together with other means suggested by general principles for combating symptoms as they arose.

From the table it will be seen that the number of deaths in the 22 cases was 5, or about 22¾ per cent. It will also be noticed in regard to the 5 deaths, that in 4 of them reaction came on, and they died not of cholera, or at least not in the collapsed stage of cholera, but of the secondary fever which so often follows it. The only one that did die in collapse was William Anderson, and he (though several hours in the hospital) was but one hour under the strychnine treatment, during which Mr. Loverin, the student who watched him, tells me he took four doses only, so that in his case it can hardly be said to have had a fair trial. I conceive it is therefore deserving of special notice that in all the cases (and some of them were of the very worst description) except in Anderson's, the strychnine was successful in accomplishing the purpose for which it was prescribed, namely, bringing on reaction, which tends to prove its superiority over all other stimulants hitherto employed in this disease.

4th, *The testimony of others.* This I subjoin without any comment; the certificates speak for themselves. It will afford me much pleasure to learn the result of the experience of any professional gentleman who may give the plan suggested a fair trial, so that its merits and demerits may, by extended observation, be accurately defined.

From Dr. G. W. Campbell, Professor of Surgery, McGill College, Montreal.

Great St. James Street, Aug. 17, 1854.

My Dear Sir,

In reply to your note asking my opinion of strychnine as a remedy in cholera, I have to state, that my experience of it is limited to three cases, all of them the most severe form of the disease. In the first case, which occurred the day after you mentioned your favorable opinion of strychnine in the collapse of cholera, I attribute the recovery of the patient entirely to its use. The attack was brought on by a small dose of salts and senna, which the young gentleman said he was in the habit of using as a laxative. Two hours before visiting my patient, I had sent him three scruple doses of calomel, with half an ounce of a mixture, composed of equal parts of solution of mur. morphiæ, and the emulsion of cam-

phor in chloroform, a teaspoonful of the mixture, with one of the powders, to be taken every half hour till I saw him, and mustard poultices to be applied to the abdomen. At my first visit at 6 a.m., the medicines had all been taken, without in any way arresting the attack; the rice-water vomiting and purging still continued; the cramps were very violent, the skin blue and cold, the pulse nearly gone at the wrist, the voice reduced to a whisper, and the collapse complete. I immediately commenced the use of the solution of strychnine, by acetic acid and water, giving the 32nd part of a grain every quarter of an hour, and suspending all other treatment. An intelligent nurse was directed to continue the remedy, till convulsive twitching of the muscles was produced by it. The patient was permitted to have ice and cold water in small quantities. I saw my patient every second hour till two o'clock p.m., when the first grain of the strychnine was finished, without producing its physiological effects, and without any sensible influence on the disease, except that I thought the mere fact of his holding out so long indicated some stimulating influence on the part of the remedy; and having to pay a distant visit in the country, I did not see my patient again till 6 p.m., when I found that half an hour previously, violent twitchings of the limbs had been produced by the strychnine, and one convulsive attack of such severity, that the attendants stated they had great difficulty in holding him in bed. His intellectual faculties were not in the least confused, and he compared the sensation to an electric shock passing down the spine and darting along the limbs. The upper extremities were not so violently affected as the lower, and the paroxysms were usually ushered in by a loud cry of pain on the part of the patient. Simultaneously with the occurrence of the twitchings, reaction commenced; I found the pulse, which had been entirely gone, 120, and almost sharp to the feel; the countenance began to fill out, the lips were red, and warmth had returned to the surface; the dose of the strychnine was diminished to the 100th part of a grain, and continued every half hour, so long as any tendency to flagging of the vital powers remained. As might have been expected, from the duration of the collapse, the subsequent secondary fever was very severe, and the convalescence, which is now complete, has been protracted by inflammation and suppuration of both parotids.

The second case in which I employed strychnine, being some distance from town, I had no opportunity of watching its effects, but the rapidly fatal termination did not seem in the least to be arrested by it.

The third case, a most intense one, was in an individual advanced in life, and of a weakly constitution; and here the stimulating effects of the remedy, in restoring the pulse, were very conspicuous; so much so, that

at one time I thought reaction fairly established, and the prospect of recovery favorable, but collapse again set in, terminating fatally.

Notwithstanding the unfortunate result in two out of the three cases in which I administered the strychnine, I look upon it as the most valuable stimulant to the nervous system I have yet seen tried in the collapse of cholera; and one great advantage is, that its administration does not in any way interfere with the employment of other remedies, such as calomel, which may be regarded by the practitioner as of essential service in the treatment of this disease.

I remain, my Dear Sir,

Yours very truly,

GEO. W. CAMPBELL, M.D.

From MR. C. AULT, Apothecary, Montreal General Hospital.

Montreal General Hospital, Aug. 15, 1854.

DEAR SIR,

In compliance with your request, I have much pleasure in giving my testimony as to the comparative efficacy of strychnia in the treatment of cholera.

During the late epidemic I have witnessed the relative effects of the various modes of treatment adopted at the present day, but in none have I seen such decided and favorable results produced as by the strychnia, both in preventing collapse and restoring reaction when collapse had supervened.

In fine, it agrees well with the patient, gives rise to no unpleasant symptoms whatever, and is generally retained on the stomach when all other substances would be immediately rejected.

With much respect, yours,

CHS. AULT.

From DR. CRAIK, House Surgeon, Montreal General Hospital.

Montreal, 12th August, 1854.

DEAR SIR,

I have much pleasure in complying with your request, by stating my opinion with regard to the efficacy of strychnia, as suggested by you, in the treatment of cholera.

My present position has afforded me a favorable opportunity for observing the relative effects of the various remedies made use of in this disease, and I have been led to the conclusion that no remedy hitherto employed possesses the same power of warding off the fatal collapse which so rapidly supervenes, nor of bringing on reaction after the state of collapse has been fully established.

I am convinced that if the administration of strychnia were early commenced, in conjunction with the other remedies usually employed for checking the discharges, the supervention of collapse might be prevented in a large majority of cases, and even where that state has already become extreme, its diligent and persevering use, together with the employment of other stimulants, might bring on reaction in cases otherwise perfectly hopeless.

I have further observed that the strychnia has been retained upon the stomach when all other substances were instantly rejected, and the strength has thus been sustained, while the extreme irritability of the organ was being combated by other means.

In the hope that by the general adoption of this plan of treatment the mortality of cholera may be materially diminished,

I remain, &c.,

R. Craik, M.D.

In conclusion I may observe that the same plan of treatment will likely be found advantageous not only in the collapse of cholera, but also in various other prostrated conditions of the system, as after hemorrhage, and from the effects of narcotic poisoning—to this latter class of cases strychnine, properly administered, will in all probability be found in some degree an antidote—its action on the nervous system being directly the opposite to that of narcotics, which destroy nervous power by paralizing the nervous centres, while strychnine, by its affinity for, and extraordinary power of, stimulating the nervous centres, diffuses life and activity through every tissue and organ. To use the words of my talented and venerable friend Dr. Marshall Hall, "*It makes the old young, and the feeble strong.*" It is true that the action of strychnine is chiefly manifested on the cerebro-spinal system and the parts which it supplies with nervous power, and consequently its action is not so direct upon the organic organs, whose ordinary functions are believed to be independent of nervous power. But that the nervous system of animal life has a controlling influence over the organic functions, is a question in physiology that has been settled in the affirmative by both observation and direct experiment; hence when the cerebro-spinal system is stimulated to an extraordinary degree; that stimulation will be extended in some measure to the organs of organic life, and especially to the heart, blood vessels, liver, and intestines.—Upon the important function of respiration, which derives its nervous power directly from the cerebro-spinal system, and which shows early signs of failure in the collapse of cholera, strychnine exercises a more direct influence. That such is the modus operandi of strychnine in cholera, any one who pushes it so as to produce its consti-

tutional effect will, I dare say, be convinced, on finding the failing circulation of collapsed patients becoming active and strong, while heat and life are diffused into every limb and organ, some of which may have previously been in a semi-moribund condition. So remarkable was the effect in some of my cases, that it looked more like magic than medicine.

Little St. James Street, August 21, 1854.

ART. XIV.—*Nature of the Morbid Poisons and of the Diseases to which they give rise.* Being an Inaugural Dissertation presented, March 1854, to the Med. Fac. McGill College. By ROBERT CRAIK.

It is not my intention in the following pages to attempt an elaborate description or explanation of all the phenomena connected with the diseases produced by the morbid poisons. The subject is too extensive to be included within the narrow limits of an inaugural dissertation, and too abstruse and intricate to be undertaken by any but those whose minds have been trained by long habits of research and discrimination.

But there are certain prominent points that stand out as landmarks, challenging the attention of every observer, and which have been subjects for investigation to men of science, ever since Medicine deserved the name of a science.

Some of the most remarkable of these features, for instance, are the contagious nature of the diseases to which the morbid poisons give rise; the great disproportion between the cause and the effect; the immense multiplication or reproduction of the poison within the system; the regular sequence which the symptoms generally preserve; the immunity from a subsequent recurrence which many of them have the power of conferring; together with other peculiarities less prominent, but scarcely less characteristic. It is the consideration of some of these prominent features, including the nature of the morbid poisons themselves, that I propose as the subject of the following essay. I do not intend to take them up seriatim, in the order in which I have just enumerated them, but as they suggest themselves in their appropriate places as I proceed. In the examination of the subject, cursory as it must necessarily be, I shall pass lightly over those parts which may fairly be considered as settled, and enter more fully into those which still remain in obscurity, alluding briefly to the various theories which have been advanced by different authors, stating the objections to them, and in some cases venturing to suggest others which may seem more strongly supported by

analogy, and which may explain as fully the various phenomena under consideration.

Of the names made use of by authors to designate the class of diseases produced by the action of the morbid poisons, the term "zymotic" seems the least objectionable, and I shall therefore adopt it. Cullen's order of exanthemata includes many of them, but not the whole, so also the term contagious or infectious diseases, though it would include all the diseases in question, yet it would comprehend others, as scabies, porrigo, and such other diseases as from their purely local nature are not generally ranked in the same class with the others.

The division of the subject which I shall adopt will be the following:—

Firstly, I shall consider the seat of the zymotic diseases.

Secondly, The conditions necessary or favourable to their production.

Thirdly, The probable nature of the poisons themselves, and their mode of action, which, together with the preceding divisions, will include the explanation of most of the phenomena of the diseases.

Lastly, I shall conclude by alluding briefly to the indications for treatment, furnished by the consideration of the foregoing divisions of the subject.

I.—*The Seat of the Zymotic Diseases.*

All pathologists seem now to be agreed in considering the blood as the primary seat of these diseases; the local affections being merely the result of the general contamination, and, for the most part, caused by the efforts of nature to expel the offending matter from the circulating fluid, and hence, these local affections are generally found in excreting structures, as the bowels, kidneys, skin, &c.

That such was also the opinion of the ancients, may be seen by referring to their old humoural pathology, by which they were wont to explain these diseases. The solidists have since then attempted to locate them in the solid tissues, but these opinions were grounded on mere speculations, and have yielded entirely before the modern views, based as they are upon actual experiment and observation.

That the blood is the primary seat of the diseases, may be proved in many ways. By the simultaneous appearance of eruptions over the whole body; the symmetrical distribution of some of these eruptions; and by the production of a specific disease by direct inoculation or transfusion of blood, as has been done in measles.

II.—*The Conditions necessary or favourable to the production of the Zymotic Diseases.*

That these diseases depend for their production, in most instances, if not in every case, upon some material introduced from without, seems

highly probable, though there are not wanting many who assert strongly the opinion,—that all of them may, and frequently do arise spontaneously under particular circumstances, and who deny altogether the infectious nature of many of them. These opinions will be again reverted to, for the present, let it suffice,—that many diseases are undoubtedly produced by the introduction to the system of morbific matter, from the person of another labouring under the same disease.

But this morbific matter is not sufficient alone to produce the disease; it can only co-operate with certain other matters within the system; and if these latter be not present, it can no more produce the disease than a candle can continue to burn, or an animal to live in an atmosphere which contains no oxygen.

These matters contained in the blood of persons susceptible to the action of the morbid poisons, constitute what Simon calls the "specific internal cause," in contradistinction to the matter introduced from without, which he calls the "specific external cause." The best example of the mutual action of these two causes, is the inoculation with small pox matter, of two persons, one of whom has previously had the disease, while the other has not. The former will remain unaffected by any amount of the matter, because the specific internal cause has already been exhausted, while in the latter, a minimum quantity will suffice to produce the disease, the internal cause being ready to respond to the external.

Again, there must be supposed to exist within the body a different specific internal cause, corresponding with each of the specific external. For example, after the susceptibility to small pox has been exhausted, the poison of measles or of scarlet fever will be found to act as readily as if small pox had not occurred, thus proving that each of them has its own particular cause, otherwise the latter two would have remained inert.

But, it may be asked—What evidence is there of the existence of this specific internal cause, and of what may it be supposed to consist? With regard to the first question; we have sufficient proof of the existence of a specific internal cause, in the circumstance, that after the occurrence of some of these diseases, and the consequent separation from the blood, of the matter peculiar to the disease, the susceptibility to a recurrence is exhausted, leading us to infer, that the particular ingredient of the blood which has thus been separated, was absolutely necessary for the production of the disease. But no analysis, however minute, has yet been able to detect the slightest difference in the composition of the blood, before and after the disease.

With regard to the other question—of what the specific internal cause

consists—it is evident that the search must be directed towards either the essential or incidental constituents of the blood. Simon gives strong reasons for concluding, that neither the blood corpuscles nor the salts can be the ingredients in question, inasmuch as their exhaustion or material alteration would of necessity prove fatal. He thinks that it will be sound, more probably, among the effete matters of the tissues, some of these existing in the system only once during life, and hence, when removed, can never be replaced. Such are the waste materials of the temporary cartilages, the thymus gland, &c., and some of these might be supposed to constitute the liability to such diseases as occur only once in life.

But it is not necessary for the explanation of these latter diseases, that their internal cause should be produced only at one particular period of life; for, as suggested by Mr. Paget in his lectures on surgical pathology, the immunity from future attacks may depend on what he calls—the assimilative power of the blood. Thus, when the structure of a part has been altered by disease or injury, as in scars, indurations, &c., the altered texture continues to be nourished, and its particular structure to be perpetuated, in the same way as normal tissue. So, also, when the constitution of the blood has been changed by any of these diseases, this assimilative power maintains it in its altered condition, as it formerly maintained it in its natural state.

But there is a constant tendency in the system, in these cases to return to the normal condition. Scars in process of time become lessened or obliterated, and indurations become softened and removed, so also the altered constitution of the blood produced by these diseases, may in process of time gradually subside, and finally altogether disappear; thus accounting for the wearing out of the protection afforded by vaccination, and the recurrence of small pox or measles, a second or even a third time.

A strong reason for supposing the susceptibility to these diseases to depend upon the effete matters of the tissues, is, that the accumulation of these matters in the system is well known to create a predisposition to the attack of epidemic and contagious diseases; thus, these diseases are generally found to break out first, and to be most severe, in those localities where impure air, imperfect ventilation, &c., prevent the proper elimination of these matters from the blood. So also with great muscular exertion, from the waste which it causes in the tissue. The influence which these matters have in promoting the tendency to the accession of zymotic diseases, with the conditions which favor their accumulation in the system, are well given, in a paper by Dr. Carpenter, an

abstract of which may be found in "Braithwaite's Retrospect," (Part xxvii.)

But, as before hinted, neither can this specific internal cause be looked upon as sufficient in itself to produce the disease, notwithstanding the many persons who believe that these diseases may be, and often are thus produced, or how could the fact be accounted for, that villages, towns, and even continents have remained not only for years but for centuries free from them, so long as the inhabitants avoided all communication with those laboring under the diseases. That the same specific internal cause existed in these individuals, cannot be denied from the great rapidity with which the diseases were wont to spread, when once introduced by infection or contagion. With these facts before us, it is difficult to admit that these cases occur without any external cause, which are from time to time breaking out in localities apparently cut off from all sources of infection; for, taking into consideration the subtile nature of these poisons, their diffusion through the atmosphere, and the length of time they may remain in a dormant state in fomites and in other situations, it is more than probable that these anomalous cases owe their origin to some lurking infectious matter, which has been unwittingly communicated, and which has really kindled the flame ascribed by many to spontaneous combustion.

On the other hand, it is most difficult to conceive how these diseases first originated, if we do not admit their origin independently of contagion. We have no record of their having existed from the creation, the history of most of them dating back no farther than a few centuries; hence we are constrained either to admit that they have arisen without any external cause, or to seek for some way of reconciling their present prevalence with their former absence or obscurity. The reasons why the former admission cannot be made, have been already given; with regard to the latter circumstance, nothing can be brought forward except conjecture.

We are aware that there are many agencies, such as time, and a variety of circumstances, which exercise a powerful modifying influence on many things, and even on diseases themselves. Plants have been taken in their natural state from their native forests and plains, and by the force of circumstances arranged by man's ingenuity, have been transformed in the most wonderful manner. The same may be said of many of the lower animals. Man himself has undergone various changes, both in his physical and moral constitution; and even those very diseases of which we are now treating, have, at various periods of their history, presented characters widely different from those presented at other times;

in fact, no two epidemics of the same disease can be said to have been perfectly alike in all their characters.

Is it not reasonable, then, to infer, that these diseases have been at one period of their history very different from what they now are, so different indeed, as to render their recognition as the same diseases highly improbable, if not impossible.

(It has been all but proved that small pox is greatly altered by transmission through the system of the cow. If this be correct, then, may not the systems of other animals possess the same transforming power over many of these diseases, some of them rendering them milder, while others render them more virulent; and might not even those diseases, now so distinct, and in many cases so malignant, have first existed as obscure and perhaps trivial disorders in some of these lower animals, and by various circumstances, have become developed and altered until their present condition has been attained. This suggestion is somewhat imaginative, and might almost be called chimerical; but it is not destitute of probability, and it is offered in a case where actual proof is out of the question.)

Taking it for granted then, that two causes of a specific nature cooperate in the production of these diseases, one of them existing within the body, and the other introduced from without, we have a clue to the explanation of many of their peculiarities. It explains the reason why small pox should in general be so much more mild when communicated by innoculation than when contracted by accidental infection, for the blood of those who take the disease in the latter way must be supposed to contain the specific matter in large quantity, and hence the disease is severe, while inoculation will produce the disease in those whose blood contains the matter even in minimum quantity, and in whom the disease will be proportionately slight.

For the same reason, those first attacked during an epedemic have the disease more severely than those attacked at a latter period, for the greater liability to the infection in the former, is caused by the large amount of the specific material in the blood. As already shown also, it explains the protection afforded by many of those diseases against their future recurrence.

III.—*We come now to consider the probable nature of the morbid poisons themselves, and their mode of action.*

Although it may be very evident, that two causes of a specific nature are concerned in the production of these diseases, it is not so evident in what these causes respectively consist, or in what way they react upon each other. One of them has already been considered, it now remains for us to consider the other, and their mutual reactions.

Various theories have been proposed in explanation of these obscure and difficult points, but the most important hitherto brought forward have been, Liebig's fermentation theory, and the parasite theory of Dr. Holland and Professor Henle.

Liebig compares the action of the morbid poisons on the blood to that of yeast on the sweetwort during the process of fermentation. He points out the close analogy which exists between the two processes, the phenomena being so similar as to appear at first sight almost identical. This theory is so familiar to all, that it would be needless repetition to detail it here. An excellent abstract of it is given in Dr. Watson's lectures, under the head of Exanthemata.

Simon, in his lecture on the morbid poisons, summarily condemns this theory. He denies that the two actions are at all analogous, because, in the first place, the morbid poisons are very various, affecting the different ingredients of the blood severally and distinctively, while yeast is the only ferment capable of reproducing itself in the vegetable solution, and its action always gives rise to the same products. I need scarcely say, that this argument, however strong it may be against the *identity* of the actions, does not in the slightest degree affect the *analogy*.

In the second place, he objects that their sphere of action nowhere extends beyond the particular ingredients which they respectively affect to an entire fermentation of the blood. This objection also is overstrained, for the analogous part of the process of fermentation is the reproduction of the yeast, and not the production of alcohol and carbonic acid. The morbid poisons extend their action to all the ingredients of the blood susceptible to their influence, the mass of the circulation being protected by the vital power of the system. The action of yeast extends no further. If the solution contain matters not susceptible to this action,—under the control, it may be, of some power stronger than that of the yeast, that of chemical affinity for example,—these matters remain totally unaffected.

Thus the blood may be said to undergo as complete a change as the sweetwort, although the change may not be so practically demonstrable; but have we not sufficient proof of such a change, in the fact, that it now possesses a power which formerly it did not possess, namely, that of resisting contagion.

The fact that yeast is an organic production, instead of a chemical substance, as Liebig probably supposed it to be, is a stronger objection to the theory, as a theory, than any of the foregoing, for, from a chemical, it becomes changed into a parasite theory, a consummation which Liebig cannot be supposed to have either foreseen or intended.

But whatever may be the defects of this theory, it has served to call

attention to a striking analogy which had before been unnoticed, it has given definiteness to phenomena which were before vague and obscure, and it has pointed out the direction in which future investigations would be most probably attended with success.

After condemning Liebig's theory as inapplicable, Simon throws out a few suggestions of his own, regarding the phenomena of these diseases. He says, "in many respects they seem to be sui generis. Certainly they are chemical." Now, he brings no reasons to show why the phenomena should be looked upon as chemical, nor can I conceive why they should be considered as such, for they certainly have no analogue among ordinary chemical actions, properly so called. Proceeding from this assumption, he next assigns them a place among that class of actions styled catalytic, with the condition, however, that if included in this class, they must constitute a new species.

Now, whatever be the nature of the action which the morbid poisons exert upon the blood, it seems sufficiently clear that it cannot be catalytic, seeing that an essential law of catalysis is, that the agent which produces such action should not itself enter into any combination resulting from that action. The action of yeast in the alcoholic fermentation is catalytic, in so far as the formation of alcohol and carbonic acid is concerned; but the analogous part of the process,—the multiplication of the yeast,—cannot be considered as a catalytic action, for a direct affinity chemical or vital, exists between the yeast and the gluten of the wort.

With regard to the morbid poisons, it cannot be shown that they induce any new combinations in the blood into which they do not themselves enter, for the only appreciable changes which are produced, are the removal of the material which gives the susceptibility to the action of the morbific matter, and the increase of the morbid material itself, both effects evidently depending on an affinity exercised between the latter and the specific ingredient of the blood, thus placing the action without the pale of catalysis.

Another theory which has been considered by many as being liable to fewer objections than any other hitherto proposed, is the parasite theory. This theory was first suggested by Kircher, and has since been warmly advocated by Dr. Holland and Prof. Henle.

Prof. Henle argues in support of this theory. Firstly, That no substance other than an organic one is known to increase by the assimilation of foreign materials.

Secondly, The effect produced by the morbid poisons bears no ratio to the quantity of the substance introduced, which circumstance must evidently depend upon the prolific power of the latter, therefore, according to the foregoing argument, this substance is probably organic.

Again, The periodic nature of many of these diseases shows a close analogy with what occurs in the developement of organic substances. The definite period of what has been called incubation, and the time which elapses between the commencement of the fever and the breaking out of the eruption, are very similar to what occurs during the progressive developement of organisms.

The same means, also, which favor, limit, or prevent the formation or developement of organic substances, also favor, limit, or prevent the action of infectious matter, as heat and moisture, which are favorable to both; and acetic acid, which acts as a poison to organisms, and whose influence in checking contagion is well known. Moreover, organic substances, as infusoria, and parasitic vegetables, may, like contagious matter, remain dry for years without losing their activity.

In addition to these general arguments tending to prove the organic nature of the morbid poisons, Henle endeavors to support the theory still further, by referring to several diseases found among the lower orders of animals, and especially to one, eminently contagious and of a parasitic nature, existing among silkworms. He attaches great importance to this disease (muscardine), evidently considering the analogy to be perfect. If the contagious nature of the disease be alone considered, the analogy is certainly complete; but the resemblance does not extend to other equally important characters of the zymotic diseases, for, as shown by Simon, this disease, together with other diseases commonly known to be parasitic, such as scabies, the various kinds of porrigo, hydatids, &c., are of all diseases the most essentially local, proving injurious only in one of two ways; 1. Locally, from pressure or irritation. 2. Generally, from the local irritation becoming inflammatory, or by the system becoming animated. This is especially true of muscardine, to which Henle attaches so much importance. The disease is purely a local one, extending from the point of inoculation until it involves the whole body, and proving fatal only as the extreme result of pressure or exhaustive drain.

The course of most of the true zymotic diseases differs widely from this. In them the local symptoms are generally trivial when compared with the constitutional affection; indeed, in the severest forms, as in cholera, plague, &c., the disease often proves fatal before the local symptoms have begun to show themselves.

This theory, then, in its present form, cannot be considered as sufficient to explain the phenomena of the zymotic diseases; for none of the examples cited are so closely allied to them as to admit of our inferring a similarity of cause. It is true, that of late years animalcules have been seen among the products of one or two diseases, sometimes included un-

der the same head, such as gonorrhœa, glanders, &c., but these diseases are so different in most of their characters from the true zymotic type, that the propriety of admitting them into the same class may well be questioned.

But though the arguments brought forward in support of this theory, have failed to prove that the active principle of the morbid poisons consists of parasites or animalcules, according to the common acceptation of these terms, yet they go far towards proving that it is organic; so that, instead of condemning the theory as altogether erroneous, we should rather attempt to modify or remodel it, in such a way as to obviate the difficulties which hitherto have opposed its adoption.

The animalcules or organisms found in the products of parasitic diseases, seem to me to be too highly organized, or of too large a size, to admit of their existing in the blood and circulating with that fluid. They have been found in various extra-vascular situations, as between the fasciculæ of muscular fibre, in the mucous and cutaneous follicles, &c., but I am not aware that any such have been found within the vessels.

But organisms may, and do exist in the blood. Modern physiology has shewn us, that nearly every function of the body is performed through the instrumentality of cells; indeed, so numerous are they, that the whole body might almost be considered as an aggregation of them. These cells are possessed of vitality, at least they are subject to its ordinary laws. They have a period of progressive development, a period of maturity, and one of decadence, and they perform vital functions, as those of nutrition and secretion. In the healthy state, the blood is loaded with these organisms in the shape of corpuscles, which, in countless myriads roll on with its ceaseless current.

But it is not in the healthy condition alone that living cells exist in the blood. Pathology has also pointed out to us more than one disease, whose proximate cause consists of the development and multiplication of cells within the blood.

Take for example, Pyæmia. A vein inflames and suppurates. A circumscribed abscess is formed which contains pus. This pus, so long as it is separated from the circulating blood by the fibrinous barriers, produces only local results. It probably goes on increasing at the expense of the superimposed textures, until it reaches the surface and is expelled, scarcely any constitutional effect being produced. But suppose the abscess does not reach the surface. The dykes are broken down, and the pus cells make their way into the circulation along with the blood corpuscles! What then is the result? Do they act as simple foreign bodies, suffering themselves to be quietly extruded from the system, or at most, giving rise to small and circumscribed abscesses in some

of the organs? On the contrary. The disease from being purely local and of little moment, at once becomes constitutional and most intense; a fire is instantly lighted up which soon spreads over the whole system. The pus corpuscles are reproduced in immense numbers, infiltrating the internal organs or forming large purulent depots externally. The pus here comports itself in a manner very similar to the morbid poisons, producing immense results from a very trifling cause.

Another example of the presence of morbific cells within the circulation, may be found in secondary cancer. These secondary formations are produced by the arrest, in some organ or tissue, of cancer cells or their germs, derived from a primary cancerous growth, and circulating with the blood. The prolific nature of the cancer cells, explains the rapidity with which whole organs become converted into a cancerous mass.

Primary cancer, like a common abscess, is purely a local disease so long as it remains primary, producing only local results, and in most instances curable by local means. But if in any way the cancer cells or their nuclei, like the pus-corpuscles in pyemia, find their way into the blood, then again, an intense constitutional disease is lighted up, the products of which, as in the foregoing case, are identical in character with the primary matter introduced into the blood.

Cancer has been all but proved to be transmissible from one individual to another. Langenbeck produced cancerous growths in the lungs of a dog, by injecting cancerous matter into the veins. The disease, however, is far from being contagious to the same extent as most diseases commonly known as contagious; but this is easily understood, if we bear in mind the comparatively large size of the cancer cells and their nuclei, which precludes their entrance into the circulation under ordinary circumstances, or their dissemination in the atmosphere, like the poison of infectious diseases.

Here, then, are two diseases in which cells figure as the active and essential cause, proving not only that morbid cells may exist within the circulation, but that they may there reproduce themselves, acting in a manner very similar to some of the morbid poisons, and in one of the diseases at least, (if the contagious nature of cancer be admitted,) giving rise to a remarkable property, common to all the zymotic diseases, namely, the capability of being transmitted from one person to another.

These diseases constitute another link in the chain of evidence supporting the organic nature of the morbid poisons, while at the same time they lead us towards the conclusion, that as in the former, so in the latter, cells constitute the active principle.

Another argument in favor of the organic nature of the morbid poisons,

(and which I have purposely kept back until after the consideration of cancer,) may, I think, be drawn from the action of some of that class of remedies commonly known as alteratives.

Let us take a common example. Arsenic has been found useful both locally and constitutionally in the treatment of cancer; in fact, it is almost the only substance which can be said to possess any power whatever over this disease. It has also been used, it is said, with great success in cases of poisoned wounds from the bites of serpents. In intermittent fevers, and in other periodic diseases, it has often proved successful after all other curative means have failed. There are some other diseases not very closely allied to zymotic diseases, but which have many characters analogous to them, in which arsenic forms almost the sole remedy: such are some of the squamæ, as lepra, psoriasis, &c. As an external application, arsenic has been found preferable to more powerful caustics in cancer, and in such diseases as lupus, and an ointment of it has been found almost a specific in onychia maligna. But arsenic is not the only one of the class which possesses this extensive range of specific actions. Many others possess similar powers. The curative power of mercury is well known in at least one contagious disease. It has also been found to possess great power in checking the progress of cholera, and its use in many forms of fever is well known. Many chronic skin diseases have yielded to it, when all other remedies have failed. Local applications of it also, in the form of corrosive sublimate, have been found very useful in some forms of porrigo.

Nitrate of silver is another of this class, so is iodide of potassium, and I might go on enumerating others, all of them possessing the same qualities; let these, however, suffice for our purpose.

Now, how are these actions to be explained? I am not aware of any satisfactory or definite explanation having ever been given. These remedies are said to exert a peculiar influence on the system, by which its morbid functions are corrected, &c. &c.; but the nature of that influence has not been satisfactorily explained.

It will be observed that those substances which I have mentioned, and many others belonging to the same class, possess properties highly destructive to life in all its forms. Now, may not their alterative action depend upon this property? Some of the diseases in which their beneficial influence is exhibited, have an organic cause, such as cancer, porrigo, &c., and in most of the others there are strong reasons for inferring the cause to be of a similar nature.

The well known beneficial effect of mercury in common inflammation, might be explained in this way. Inflammation is a disease commonly connected with increased vitality of the system. In those persons possessed of the inflammatory diathesis, the blood corpuscles exist in large

proportion, and all the functions of the body are carried on with unusual activity. May not the mercury, then, act beneficially by reducing this superabundance as it were, of vitality, by virtue of its specific power; possibly by retarding or preventing the growth of the blood corpuscles; while bloodletting produces the same effect by directly withdrawing from the system a portion of its vitality, represented by the amount of the vital fluid abstracted? This view will be still further strengthened if we consider the injurious effects of mercury in strumous or cachectic habits, where the vitality of the system is already low, and where the depressing effects of the medicine must of necessity prove deleterious.

There are other substances, such as cod-liver oil, sarsaparilla, &c., commonly classed among the alteratives, and which cannot be said to possess these destructive powers; but the impropriety of placing these substances in the same class with the others, seems sufficiently manifest, for their beneficial effects are much more easily and satisfactorily explained, by ascribing them to their tonic and dietetic qualities, than to any specific power which they can be supposed to possess.

The conclusions to be drawn from the action of alterative medicines may be stated briefly as follows. 1st, That most substances properly included in this class possess properties unfavorable to the developement, and destructive to the life of organisms in general. 2d, The beneficial operation of these substances is manifested in diseases known to depend on the developement of organisms, as in cancer, porrigo, scabies, &c. 3d, That their beneficial action is also often seen in diseases known to depend on the action of morbid poisons, as in syphilis, cholera, fevers, &c. 4th, Their beneficial action in these cases will be best explained by supposing the proximate cause of such diseases to be organic.

To sum up, then, how stands the case? The action of alteratives adds another item to a mass of evidence almost incontrovertible in favor of the organic nature of the morbid poisons. The only question which yet remains to be definitely settled seems to be, the precise grade or class to which the organisms belong. I have stated my reasons for believing that they cannot belong to any class commonly understood by such names as parasite, animalcule, insect, &c., and I have also given reasons for supposing them to belong to the class of organisms known as cells. Whether these reasons will be as satisfactory to other minds as they now are to my own, remains to be seen. It is true, the cells which have been assumed as the agents in the zymotic diseases, have not as yet been physically demonstrated; but may we not hope, and indeed predict, that accurate observation will yet enable us to identify the peculiar cell or germ of each disease, as unerringly as we can now identify those of cancer or pus.

In such an investigation, our search is not to be directed towards objects so palpable as a pus-corpuscle or a cancer cell, but towards objects so minute as to be capable not only of diffusion through the atmosphere, but of finding their way into the blood, through membranes now considered to be perfectly continuous.

The disease which offers the best prospect of success in this examination, would seem to be small pox, or some disease abounding in material products, in which the contagious matter is unquestionably given off, mingled with the products of common inflammation. The matter taken from a small pox pustule, for instance, must contain ordinary pus, and, in addition, the specific contagious substance, whatever that may be. Now, the microscopic characters of pus being tolerably distinctive, its admixture with this foreign material must necessarily be supposed to alter its appearance, the only difficulty being, that our present means of examination are not sufficiently refined to enable us to detect the difference; but when these means shall have been rendered more efficient as science advances, we may, I think, reasonably expect such discoveries, nor would they be so surprising as the original discovery of the pus or blood corpuscles themselves.

IV.—*We come now to consider briefly the Indications for Treatment, suggested by the foregoing views.*

In the first place. By way of preventing the spread of these diseases, every effort should be made to destroy the infectious matter external to the body, in fomites, &c.; and this will be best accomplished by the use of means or substances which have the power of destroying the vitality of the poison; such as exposure to heat, cold, chlorine gas, solutions of chloride of zinc, arsenic, corrosive sublimate, &c. &c.

Secondly. In view of the great predisposition to these diseases, engendered by the accumulation of effete matters in the blood, all circumstances should as much as possible be avoided, which tend to produce such an accumulation, as fatigue, exposure to noxious exhalations, damp and low situations, crowded dwellings, &c.

Thirdly. Whenever a specific antidote or preventive is known to exist, such as vaccination, its use should be made as universal as possible.

Fourthly. When the poison has already been introduced into the blood, its developement might be prevented, or at least diminished in many instances, by the timely use of alteratives.

Fifthly. The system should be supported by nourishing diet, and stimulants if necessary, to enable it to bear up against the depressing effect of the poison, and of the remedies necessary for counteracting it.

Sixthly. All the excretions of the body should be kept as much as

possible, in a healthy condition, that no obstacle may be presented to the elimination of the poison.

Lastly. All complications which arise during the course of the disease, must be treated on general principles, avoiding as much as possible, everything which may tend to reduce the strength, or impair the vital energy of the system.

Thus, then, I have endeavored to embody in as concise a manner as possible, a few ideas which suggested themselves with regard to these obscure diseases. As stated at the commencement, I have not attempted an elaborate or complete treatise on the subject of morbid poisons; but have mostly confined myself to those prominent points which have from time to time been the subjects of controversy and investigation. Any suggestions which I have made, must be regarded more in the light of first impressions than as the results of mature reflection. The impossibility of obtaining many of the most valuable works on the subject, and the hurried and interrupted manner in which I was obliged to use those within my reach, have prevented me from bestowing upon the subject that amount of care and deliberation which its interest and importance demand. It is with diffidence that I have ventured to give an opinion on subjects which have occupied the attention of some of the most eminent men of our profession, but I have endeavored to consider each theory on its own merits, without regard to its authors, and when I have ventured to differ from them, I have been careful to state as clearly as possible, my reasons for so doing.

Experienced readers will, no doubt, find many, and perhaps important defects in the foregoing pages, but I trust they will make some allowance for inexperience and many disadvantages, and if they find in them anything worthy of their approval, or which may serve to render the obscure diseases under consideration one whit more clear, my utmost expectations shall have been fully realized.

ART. XV.—*Medical Institutions, &c., of Paris* By Wm. H. Hingston, M.D., L.R.C.S., Edinburgh, &c.

Hopital Beaujon.—This hospital, situated in the *Faubourg St. Honoré*, is unassuming, and, at the same time, one of the most comfortable hospitals in Paris. It contains 438 beds. On entering this establishment, our nasal organs do not receive that disagreeable evidence of the vicinity of sick wards, that they are accustomed to receive in such localities. The air is as pure within, as it is without, the hospital. A process of

removing tainted, and introducing fresh air, is constantly going on. By a like contrivance, in summer, cool air is forced in, and warm removed—the reverse in winter. By this means the temperature of the wards is the same, winter and summer, and throughout the whole establishment there is rarely a difference of one degree. Upwards of 6000 are attended during the year; a mere fraction of those who present themselves. Mortality (medical ward) 1 in 7.7; (surgical) 1 in 15.8. Legroux, Sandras, Barth, and Grisolle, are the physicians; Robert and Hugier, surgeons. Of the former, Barth is most generally followed, who offers very practical remarks on the use of the stethescope and auscultation. This hospital, however, is not numerously attended by students.

Hopital St. Antoine, in the suburb of the same name; unquestionably the model hospital of Paris. At first a home of refuge for reformed prostitutes, now a general hospital. Contains 290 beds, and administers relief to upwards of 5000 annually; the mortality among which is about 1 in 9.6. Chassaignac, known for his translation of Cooper, is the surgeon.

Hopital Necker, founded by a lady of the same name, mother of the celebrated Madame de Stael, in 1779. This hospital is rendered famous by the presence of one man—*Civiale*, the lithotrotist, a man qualified to add renown to a city. He lectures easily, but not sufficiently loud to be distinctly heard. He seizes the stone with the greatest ease and dexterity, breaks it into several pieces, and crushes those again. Unlike those who make one operation a hobby, he frequently rejects persons who come to him, when the stone is too large or too hard. Lithotrity, he says, should only be performed when the stone is friable, and under a certain size. He is very mild and affable in his manner, with a total absence of that boasting there is so much reason to censure in *les étoiles de la science*.

Hopital de la Charite, originally the head quarters of a religious corporation (Saint Jean de Dieu) for nourishing the sick, whose ramifications extended throughout the greater part of France. To-day a hospital of the first-class, containing about 500 beds; nearly 8000 patients receive professional assistance annually. It is composed of a series of buildings, forming a hollow square. Some of the wards are very large, containing about 90 beds, labelled off into different *salles*. A most efficient medical and surgical staff attend this hospital, and it is but necessary to mention the names of *Rayer*, *Cruveilhier*, *Andral*, *Bouillaud*, *Piorry*, and *Briquet*, physicians; *Velpeau* and *Gerdy*, surgeons, as a proof. Cruveilhier and Andral, probably the most generally known throughout the world, are not so much sought after in hospital as are those of more circumscribed reputation. A. rarely dilates on the cases under treat-

ment, while walking through the wards; his views, therefore, are not easily learned from himself; while Cruveilhier is frequently absent, from indisposition and the press of private engagements. Bouillaud thinks, that notwithstanding his strenuous labors in the cause of science, the world is unmindful of them, and also of him. And often does he complain of the decision of that portion of the medical public who view with a more favorable eye, the labors of his more fortunate, though less deserving *confrères*. B. was the first to point out the frequency with which articular rheumatism is accompanied by endocarditis. In the latter affection, as well as in pericarditis, he still adheres to his old severe antiphlogistic plan. I have rarely seen a physician more correct in diagnosis. A contrast to Bouillaud in most respects, is met with in his colleague Piorry. The latter seems to possess *internal* evidence of the *bruit* he has made in the world; and while he inwardly congratulates himself on the distinguished position he has attained, he highly approves of the public choice, in conferring honors and distinctions upon one so deserving of them. An extract from a *conversazione* will show the estimation in which he holds himself:—"Messieurs,—Si vous suiverez mes lectures regulièrement, je vous donnerai un certificat; et un certificat DE MOI vaut plus qu'un diplome." Not only in chest affections, but also in those of the abdomen and renal regions, the pleximeter is invariably had recourse to, to resolve all difficulties. His *tactus eruditus* is really extraordinary, and although many are disposed to smile at the extreme length to which he carries those matters, *post mortem* appearances generally confirm his diagnosis. Velpeau—a quiet, little, grey-haired old man, still attends as regularly to his duties as if he had his reputation yet to earn. He seems to be a favorite, and is always encircled by a number of students, who listen with respect and attention to the remarks offered in an easy familiar manner. The students who attend his instructions are quiet and attentive—*rarœ aves* in the wards of a Parisian hospital.

HOPITAL DE LA FACULTE, in the vicinity of, and directly opposite to, the *Ecole de Medicine*, in the *quartier latier*. In this hospital there are a surgical and obstetrical clinic; about 850 receive assistance in the former during the year, and upwards of 2000 births take place in the latter; mortality among which is 1 in 23.0, and 1 in 16.8 in surgery. *Dubois* and *Nelaton* are the professors in their respective departments.

Nelaton's surgical clinic is the most numerously attended in Paris, and he one of the most popular teachers. He is mild and agreeable in his manners—of an even gentle temper. Although he lectures with great facility, he seems to attach little importance to oratorical display. He is possessed of wonderful acuteness of perception, and faculty for observation—is bold and energetic, at the same time cautious. In fine no truer

or no higher tribute can be paid him as a surgeon than by styling him the *Syme* of Paris.

Hopital Bonsecours, containing 318 beds, and administering relief to upwards of 5000 in-door patients annually. Mortality in the medical wards averages 1 in 11-8; in the surgical 1 in 28.1.

Maison Nationale de Sante, for those who are able to pay the expenses of their keeping. Not more than 5, or less than 2 francs are charged *per diem*, according to the room occupied,—baths, food, linen, &c., are included. The patients are attended by six medical students, and, when necessary, Nelaton and Denonvilliers are called in consultation.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

IX.—*Woman: Her Diseases and Remedies. A series of Letters to his Class.* By Charles D. Meigs, M.D., Professor of Midwifery and the Diseases of Women and Children in the Jefferson Medical College at Philadelphia; Member of the American Medical Association, Philosophical Society, and of the Council, &c. &c. Third edition, revised and enlarged, 1854. Pp. 666. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

We took up Dr. Meigs' work, as we take up every book which comes before us for review, determined to subject it to a fair, impartial criticism. We, moreover, commenced to read it carefully, jotting down as we went along what we considered worthy of commendation, and what did not altogether meet with our approval. Of the latter class of jottings we had made quite a number, when we were arrested at page 151 by a sentence calculated to make an honest *timid* critic reflect, whether it would be perfectly agreeable or not to his feelings to be designated by terms which, although not to be found in Johnson or Walker, are sufficiently expressive and well known to readers of the *yellow covered* literature of the present day. "It has been charged against me," says Dr. Meigs, "by a writer, a snob, in the British and Foreign Medical Review, that this statement is incorrect, &c." Now, we argued to ourselves, we certainly do not like to be called "*a snob*," or by any name other than is applicable to gentlemen; but, the important question to be decided is, shall we allow ourselves to be intimidated in the discharge of our duties?—shall we permit our feelings to make cowards of us? No! said

we, and it shall go hard with us but we hold to our determination. Having arrived at the conclusion, then, not to be unduly influenced in our decisions, by an authority in medicine even great as Dr. Meigs is acknowledged to be, it was with infinite satisfaction we read at page 271: "'Judge in your wisdom and awake your senses that you may the better judge;' learn not to be mere routineers—miserable machines in the hands of the authorities. Kick the authorities out of doors, and be yourselves authority for yourselves. This is the way to show yourselves free and independent, and it is the only way, for, if you think yea or nay because Hippocrates or Sydenham thought so, you are their slave, their vassal." Kick the authorities out of doors. Excellent advice. "A Daniel come to judgment—yea a Daniel." Our author appears to forget that he is now classed among the "American authorities" on midwifery and its cognate branches in medicine; if he does not, in advising his pupils to abide by the decisions of their own judgments and to be independent of authorities, and in the same breath calling those who have dared to differ from himself "snobs—martinets," and such like uneuphoneous names, he exhibits a strange inconsistency. An inconsistency he might have been saved from, if he had taken the remarks of his critics in perfect good humour.

This volume would appear to have been designed by the author for general perusal. If so, he has committed a serious error in reflecting so frequently on his professional brethren. In a work *exclusively* intended for the eye of the profession, such conduct is scarcely pardonable, and betrays a disposition, on the part of the writer, to arrogate to himself a greater amount of professional knowledge, and diagnostical acumen, than is possessed by others occupying a high position in medicine. The following is a fair sample of what is frequently met with in the work: "I have had clots of blood sent to me from very good doctors, under the supposition that they were the organized products of a regular fecundation. I have had a patient be-devilled (!!) for three months by an eminent practitioner, under the supposition that she was laboring under menorrhagia, whereas nothing was the matter with her but a dead and undischarged ovum."

In common with other reviewers of Dr. Meigs' work, we cannot but object to the conversation with Miss Helen Blanque being adopted as a model style of conversation with young lady patients. If Dr. M. imagines that a long disquisition on physiology, which it is clearly impossible for a person to understand unless they have a certain amount of preliminary anatomical knowledge, is to be of any benefit to invalid ladies, he is, we should consider, singular in his opinion. Notwithstanding his very learned, ornate, and extended statement to Miss

Blanque of the peculiarities of her case, that sensible Lady Myth very naively says, at the termination of the colloquy :—"Depend upon it, doctor, I shall try to follow your advice. I cannot say that the conversation I have had with you has enabled me to understand as clearly as I think you do, what ails me, and what I require for the re-establishment of my lost health and spirits. Perhaps, indeed, a long preliminary study is requisite to the understanding of those points, that you characterize by such very hard words, as en—en—end-angium, was it not? and hæmatosis? Yes; hæmatosis; and other such gibberish," p. 189. The exquisite flourish, moreover, by which this truly remarkable conversation is introduced, is quite unique in its way. It would undoubtedly grace the pages of the most flashy twelve-and-a-half cent "yellow back" of the popular literature of the day; but, the position it occupies in a work on medical science, is rather questionable. We transcribe it for the delectation of our readers:—"I was requested on the —— day of —— 184— to visit Miss Helen Blanque, at No. —— Chesnut Street; and when I called at 11 o'clock in the morning, I found her reposing in a luxuriant *fauteuil* of the richest crewelwork. She was arrayed in a beautiful *negligée*, and her slippered feet rested on a low ottoman. The apartment was richly furnished with mirrors, and chandeliers, and candalabras, and carved sofas, with chairs of every form and hue. A fresh bouquet stood upon the little table near her, by half a dozen volumes, some of which were opened and lying on their faces, as if taken up and laid down in disgust; her hair was in curls, but carelessly; and the *tout ensemble* of the young lady was expressive of languor and indifference, if not of pain or distress," p. 161.

> "O rare—he doth it as like one of
> These harlotry players as ever I see.—SHAKS.

It forcibly reminds us of the descriptions we have met with in the "monthlies" of the fashionable young lady who is plunged into the deepest distress, and refuses to be comforted on account of some accident to dear—dear Fido—her favorite poodle.

In all treatises on diseases of women, displacements of the womb occupy a very considerable space. Indeed, from the earlier periods in the history of medicine, distinct accounts have reached us of the attention which they received from the Fathers in the divine art. This need not excite any surprise, when we consider the extreme frequency of their occurrence; the vast amount of pain and suffering to which they give rise, and the troublesome constitutional derangements which they frequently induce. Woman being constituted alike at all ages of the world, the same anatomical elements entering into the construction of her several parts, diseases, such as those under consideration, must have exist-

ed and been known even from the beginning. Of all the deviations from a normal position, that in which the uterus subsides in the pelvis, the os uteri approximating to the ostium vaginæ, or what is commonly called, falling of the womb, is infinitely more frequent than other forms of displacement. Dr. Meigs has evidently had great experience in the treatment of these affections. In the extensive practice which he has enjoyed for so many years, cases of every variety, and exhibiting every possible form of complication must have come beneath his notice. That they could not have been presented to a better observer—one more capable of appreciating everything of interest, either in the semeiology and pathology of each individual case, is sufficiently obvious from the letters which contain his remarks on this form of deviation. They are replete with sound practical advice, which no practitioner need fear to follow. There has long existed a dispute among modern writers on diseases of females as to the true pathological causes of prolapsion of the uterus. Dr. C. M. Clarke attributed it to—1st, Relaxation of the broad and round ligaments above. 2nd, A want of tone in the vagina below." (Dis. of Females, vol. 1, p 72.) While most writers admit the second cause mentioned by Dr. Clarke, there are many, among whom we must class our author, who refuse to admit the agency of the first. Dr. Hamilton first denied that the ligaments afforded little, if any, opposition to procidentia, but that the resistive power was to be found in the connections of the uterus and vagina with surrounding parts. These experiments, repeated by Dr. Ashwell, yielded similar results. (Practical treatise on the Diseases peculiar to Women, p. 378.) Dr. Davis, however, believes that prolapsion is entirely the result of weakened and extended suspensory ligaments, and is not in the least dependent on a relaxed state of the vaginal walls. "An organ," says he, "susceptible of development to an almost indefinite extent, as the vagina is, can scarcely have been intended to maintain a degree of contractedness sufficient to enable it to sustain the uterus in any given position. Add to this consideration the fact, that the vagina is actually most ample, where the hypothesis now questioned requires it should be most contracted." (Obstetric Medicine, vol. i. p. 524.) The most prevalent view, that which obtains the greatest currency, is a modification of Dr Clarke's. Relaxation of the Vagina and its connexions with neighboring parts is the great cause, weakness and extension of the ligaments, the minor.

Dr. Meigs describes a "neuralgia of the abdomen," simulating peritonitis, and produced by prolapsus of the uterus, of the greatest practical importance. The first case he met with of this affection, was in the year 1828, and he thus records it:—"I was called to see a mulatto woman, in Water Street, aged about thirty years. She was lying upon her back;

her knees were drawn up, and she was supporting the bedclothes with her hands, lest they should press upon the abdomen, which was so exquisitely tender and sore that she could by no means endure their weight or pressure. She had been suffering this pain for many hours, and had a short, quick respiration, on account of the pain which any extensive motion of her diaphragm communicated to the abdomen, and which made it necessary for her to restrain the respiratory movements as much as possible," p. 147. From these symptoms, he felt convinced that she was laboring under intense peritonitis. On placing his fingers on the pulse, however, he found that it was of a natural volume and frequency. The incongruity of the signs led him to enquire further, and he found that "she had borne several children, of which the youngest was now about a year old." He now became convinced that the pains depended upon "a neuralgic state of the abdomen, produced and maintained by a displaced womb;" and on being allowed to replace the womb, all pain ceased, and she could tolerate the freest manipulations of the abdomen, without shrieking or complaining. Since that period he "has seen sixty or more similar cases, all of which bore, with the exception of the state of the pulse, the most striking resemblance to acute peritonitis."

Dr. M. is a strong advocate for the use of the pessary in the treatment of prolapsus uteri. The one he prefers, in ordinary cases, is the globe pessary, first invented by Dr. Sandys of London. This form was used altogether by Dr. Physick of Philadelphia, and is known in that city and throughout the United States as Dr. Physick's globe pessary.

In his remarks on Retroversion, Dr. Meigs exults greatly over the "authorities," inasmuch as they do not mention relaxation of the round ligaments as the pathological condition which permits the occurrence of this displacement of the womb. He gives a list of writers, including many of the best observers of diseases of women, whose works do not contain one word in reference to this cause of retroversion. Velpeau he excepts, and gives the following quotation from him:—"But for them the womb would every moment be turned over backwards by the bladder, which is distended several times every day with urine." Now, we cannot allow ourselves to suppose, even for an instant, that Dr. Meigs is unacquainted with a work entituled, "A Practical Treatise on the Diseases of the Uterus and its Appendages. By Mme. Veuve Boivin, Sage-Femme surveillante en chef de la Maison de Santé, etc; and A. Dugès, Professeur a la Faculté de Médicine de Montpellier, etc." Why, then, has he suppressed the recorded views of these two eminent writers? At page 73, Hemings translation, they say:—"Hence the necessity of two predispositions, or of one at least, to induce retroversion:

1st, The relaxation of the uterine ligaments, as in prolapsus; 2d, Increased volume of the uterus. With the former of these conditions, retroversion will be found sometimes, even in the empty state of the uterus, etc."

Dr. Meigs does not believe in the physometra of writers. He is of opinion that most of the instances adduced as example of the disease, must have been abdominal tympanitis. He has been consulted at different times as to the existence of pregnancy in females, in whom he has found, after careful examination, the swelling of the abdomen and the accompanying sympathetic phenomena to depend upon a chronic tympanitic condition of the bowels. His treatment for chronic tympany—"those samples of it that are unattended with any severe or violent and dangerous local disorders, such as ulcers of the bowels, &c.,"—consists in applying a flannel roller, about four inches wide and three or four yards long, to the abdomen, and administering carminative aperients and tonics. A formula which he looks upon as the most reliable in all cases of tympanitis—one, in fact, which he invariably has recourse to, is the following:—"Take one ounce of manna; one drachm of anise seed; eight ounces of boiling water. Mix them, and let the mixture rest for half an hour, then strain the liquor. To the strained liquor add three or four drachms of carbonate of magnesia, so as to make a perfect mixture. A wine-glassful may be given as a dose, to be repeated every two hours, or three hours, until it operates." P. 323.

The menstrual discharge has at all ages been regarded by the female with feelings peculiar in their nature. She has "learned by a time honored tradition handed down by the mass of mind from age to age, that her life, health, comfort, fruitfulness, and beauty, have a strong alliance with and dependance upon this office. It has become, therefore, a public sentiment—a she *vox populi, vox Dei*—that commands it to be respected." P. 430. Among the Jews the conduct of the woman during menstruation was regulated by the levitical law. She was placed apart for seven days and everything she touched was deemed unclean. And if a person touched her, or any thing on which she had lain, or used in any way during the time of her separation, such person was unclean. We have been informed by an intelligent old gentleman, who lived many years among the aborigines inhabiting the tract of country north of the great lakes, and who was married to an Indian female, that a similar custom obtains among this branch of the family of North American Indians. Whenever a woman has her menstrual flow upon her, she is placed in a hut apart from others for seven days, at the lapse of which time she cleanses herself and returns to her friends. An Indian will studiously avoid going near the hut; he will not touch any vessel or utensil which

has been used within the place; and should he, by accident, come in contact with anything of the kind, he will wash himself carefully. To those who hold the opinion that the North American Indian is a descendant of the lost tribes, the agreement between the Jewish and Indian custom during the period of menstruation is of importance, as affording strong collateral proof of the correctness of their views.

We had marked out many other portions of Dr. Meigs' work, for notice, but our space will not permit of more extended remark. Our readers had better purchase the work, and peruse it carefully; for, maugre the fine writing, pedantry and verbosity, it is replete with sound practical views, and is evidently the production of a man of vast experience and thoroughly conversant with his subject.

X.—*A Universal Formulary:* containing the methods of preparing and administering officinal and other Medicines. The whole adapted to physicians and pharmaceutists. By R. Eglesfeld Griffith, M.D. A new edition, carefully revised and much extended, by Robert P. Thomas, M.D. With Illustrations. Pp. 651. 1854. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. 15s.

This new edition of Dr. Griffith's work has been increased in size by seventy pages. "Besides the strictly medical formulæ, many have been added from authentic sources for the preparation of essences, perfumes, inks, soaps, varnishes, &c. &c." It is one of the most useful books a country practitioner can possibly have in his possession. In addition to the "Universal Formulary," which occupies 412 pages, it contains "Dietetic Preparations not included among the previous prescriptions—List of Incompatibles—Posological Table of the most important Medicines—Officinal Preparations and Directions—Poisons, &c. &c."

XI,—*A Clinical Introduction to the Practice of Auscultation, and other modes of Physical Diagnosis in Diseases of the Lungs and Heart.* By H. M. Hughes, M.D., Fellow of the Royal College of Physicians; Assistant Physician to Guy's Hospital, &c. Second American, from the second and revised English edition. 1854. Pp. 304. Philadelphia: Blanchard & Lea. Montreal: B, Dawson. 5s.

Physical diagnosis of diseases of the chest is best studied at the bed side of the patient. There is much preliminary knowledge, however,

to be obtained from works such as Dr. Hughes', which will be of great use to the student in prosecuting his clinical enquiries. While, therefore, we would advise him to study works on auscultation and percussion, we would, at the same time, assure him, that he will never become a successful diagnostician unless he continuously and unweariedly practices both in the wards of the hospital.

CLINICAL LECTURE.

Clinical Lecture on Amputation at the Knee-Joint. By WILLIAM FERGUSSON, Esq., F.R.S., Professor of Surgery in King's College, London, and Surgeon to King's College Hospital, &c.

(Medical Times and Gazette.)

Gentlemen,—The case now before you is well worthy of your notice. It is brought into the theatre that you might see it, and I take the opportunity of making some observations upon "amputation at the knee-joint."

This boy was admitted into the hospital January 25, 1854, suffering from violent inflammation in the leg, acute necrosis of the tibia supervening; in other words, suppuration and separation of the periosteum of the tibia had set in, quickly undermining the boy's constitution, so that nothing could be expected, save the hazard of a long illness with a remote chance of dead bone being thrown off; what I therefore considered a better mode of treatment, and eventually followed, was the removal of the diseased extremity. The boy, as I said, was in a very bad state of health, and it seemed doubtful whether an operation undertaken at that time would be successful.

Surgeons of experience are familiar with instances of this disease, as acute necrosis is not an uncommon affection. But it is to the treatment of the case that I wish to draw your special attention. I am also well pleased so to do, as some of the particulars had escaped my memory, and the mode of amputation here followed has been rarely performed in this country. I allude to amputation at the knee-joint, which, I think, has not been performed, or at least recorded more than a few times in the history of English surgery; and as it is one in which I am much interested, you will, I hope, follow me with a like enthusiasm. This was essentially an amputation at the knee-joint. Now, there is a great difference between amputation at the knee and at the knee-joint, and it is easy to draw the distinction.

In my younger day it was common to amputate at the knee,—for an amputation high up on the tibia might be termed an amputation at the knee; so also an amputation very low in the femur. I have seen these operations very frequently performed, and have frequently so operated myself; and I think such amputations may be justly said to be amputations at the knee.

When Mr. Syme introduced his operation for amputation of the foot at the ankle-joint, some surgeons contended that the operation was not a novelty, as amputation at the joint had been proposed before, although not performed in the way originally described by Mr. Syme.

In the time of Hey, who wrote an able treatise on amputation of the leg, amputation was performed at the knee, but not at the knee-joint. I am thus particular in the definition, as some think that these terms are too particularly insisted on. How often do we hear surgeons talking of the femoral artery as if only one femoral existed, whereas there are three; and perchance the one specified as the femoral is not truly the femoral artery. Here, then, we see the value of a proper application of terms.

But, to return to the case under consideration, I will read you the particular points of the case as detailed in the Case-book, and then make some remarks upon amputation at the knee-joint, and the advantages of such an amputation.

"W. M., aged 11, is a native of Sydenham, and states that he has always had remarkably good health up to the time of his present illness, which began six weeks ago. After having been out sliding the whole of one day, he came home in the evening complaining of pain in both legs, more especially in the right knee, upon which he had fallen in the course of the day. In a few days after this he was seized with shivering and violent deep-seated pain in the right leg and ankle-joint, which was followed by considerable swelling of the limb, commencing at the ankle and extending up to the knee-joint. The integuments appeared red, as if erysipelatous. His sufferings now became excruciating, more particularly if pressure were made on the limb, or if he attempted to move it. Notwithstanding the active measures employed by his own surgeon, the inflammation continued to increase, and matter formed, which soon became discernible in the soft parts. An incision was consequently made on the outer part of the ankle-joint, and about a pint of pus evacuated. A few days after this another puncture was made in the upper part of the leg, and more matter was discharged. During this time his general health had become much impaired, and he became extremely emaciated.

"When admitted into the hospital, January 25, 1854, Mr. Fergusson made an accurate examination while the boy was under the influence of chloroform, and found the knee-joint much diseased, the surfaces of the bones being rough and denuded, and a considerable collection of matter in the upper part of the leg, which was evacuated.

"The patient was supported by stimulants for a few days till his health was deemed sufficiently good to stand the shock of an operation.

"When placed in the operation table under chloroform, a small opening was made a little above the knee, and a quantity of unhealthy pus was evacuated. Mr. Fergusson then performed the operation of amputation at the knee-joint in the way detailed in his own work.

"The state of the bones of the leg clearly demonstrated the necessity of their removal. A section being made of the tibia, the cancellous tissue of the upper part of that bone was found filled with pus, while that tissue at the lower part was necrosed, and the epiphysis separated. The articular cartilages of the ankle-joint had ulcerated, and the ends of the

bones were eroded. The articular cartilage on the head of the tibia was so soft that a probe passed readily through it, and the bone was bare and carious in several spots, especially around the articulation with the fibula.

"The patient rapidly improved, and was discharged cured March 11, 1854."

Now, if I be not mistaken, the late Mr. Liston performed a similar operation at University College Hospital; but I am uncertain as to its performance by that gentleman, or to the date, if it were performed. When I first performed the operation, to my knowledge it had not been previously done in England, for I cannot find any record of the fact, and such an operation performed for the first time would not likely be passed over without some notice being publicly made.

This operation has since been followed by others, among the first of whom I may name Dr. George Williamson, now in India, one of my former assistants. The first time I performed this operation was on the person of a full-grown man; (the case is mentioned in the third edition of my work on "Practical Surgery;") and I have rarely seen or made a better stump. He has repeatedly walked forty miles a-day, and once walked one hundred and twenty miles in three days; and, what is more astonishing, his false leg was but indifferently made and padded. the spoke of an old wheel being considered by the man an excellent substitute for a more expensive contrivance.

In consequence of such great advantages arising from my first trial of the operation, I have since frequently performed it. Notwithstanding, several objections have been made. Mr. Syme, who had performed the operation in Scotland before I attempted it here, had taken a dislike to the proceeding from something that went wrong in his own cases. Mr. Syme imagines that greater danger is incurred by a larger surface of bone being exposed, by the removal only of the condyles, than if the bone be sawn higher up in the shaft. But mischief, I think, is more apt to occur when the bone is sawn in the shaft. Where the bone is vascular, I think there is little chance of necrosis, and much less of caries; and you have frequently seen how kindly the two cut surfaces of the spongy portions of bone heal in cases of excision of the elbow-joint.

Another objection made is, that the length of the stump is very awkward. This I do not admit; if the stump be short, an apparatus cannot conveniently be fitted, and the bone, when cut too high, is liable to be tilted forward by the psoas and iliacus muscles. Indeed, I cannot perceive any objection to a long stump. Objections have been made to a long stump of the leg, and amputation of the leg is often recommended to be done a short distance below the knee, but I am doubtful of the utility of such a step as a general rule.

Again, a long stump in the thigh can never hinder in any way; besides, the leverage is much greater than if it were only half the length. In addition, the great breadth of bone, when well covered, is better able to support the weight required to be borne.

This objection might be raised by some,—that this operation is not truly an amputation at the joint, as the condyles were taken away. If such be allowed, then one might say that Mr. Syme's operation at the

ankle is not an amputation at the joint, for he always removes the malleoli; but such an objection could not be held reasonable, and the operation now under consideration I deem a great addition to the history of amputation, and have taught it as such for the last ten years.

I now perceive that for nearly the first time mention is made of this operation in the surgical journals of the day, which, I make no doubt, will greatly tend to the advantage of this department of Surgery.

When I first commenced my profession, it was an understood rule, with but few exceptions, that the coverings of the bone in an amputation should be taken from the sound parts of the region where the amputation was performed; as, for instance, in amputation of the thigh, the soft parts were always taken from the substance of the thigh; so also in amputations of the leg. But in this case, and in amputation at the knee, the soft parts covering the end of the femur are actually the tissues that originally constituted the calf of the leg.

In the history of amputation it has always been the aim of the surgeon to make a good stump, its quality depending greatly upon the proper covering of the bone. If the soft parts be scanty, a bad stump must result; if, on the other, the covering be too large, the result will likewise be unsatisfactory. A remarkable instance of this latter kind was under notice last summer in this hospital. But there is more danger of the covering being scanty than profuse. The fleshy condition of the covering, as you know, is ultimately converted more or less into a fibrous texture.

Though amputation cannot be said to be the opprobrium of Surgery, an axiom I laid down in my first paper on Conservative Surgery—"For the greater proportion of sound material that we can save in any operation on the body, the nearer we come to the perfection of good Surgery"—yet I think amputation at the knee-joint may fairly have at least a footing in the province of conservative Surgery.

This operation has lain for some time in abeyance, but I now find my name associated with it in the journals, in papers which have recently appeared on the subject from the abler pens of my friends Mr. Greenhow, of Newcastle, and Mr, Jones, of Jersey—men who, with myself, I would fain hope, have no desire to have their names connected with novelties, unless they be for the good of our fellow-creatures and the advancement of Surgery.

In cases of injury of the joint, including great contusion of soft parts, I am doubtful whether the operation should not be effected above the seat of injury. As to the mode of performing the operation, I first make a small anterior flap, drawing the knife across the front of the joint, and then, inserting the point of the blade behind the femur, thrust it through to the other side, close to the condyles; then, carrying it downwards, cut the posterior flap from the calf of the leg. The saw is then applied a little above the condyles, and the flaps brought together as in an ordinary amputation.

Mr friend, Mr. Greenhow, of Newcastle, saws through the bone before making the posterior flap; but I prefer the method I have described, although the great aim is to obtain sufficient material to cover the bone.

In some instances I first effect the separation of the leg at the articular ends, and thereafter cut away as much of the femur as seems need-

ful. In all cases it is requisite to take the full length of the calf for the posterior flap, as the soft parts in the back of the thigh contract very much in the course of time. The patella might be saved in some examples, but in general I think it would be best to remove it.

I have been thus particular in my remarks, as you will not find any particular mention of the operation in any English work prior to my own.

THERAPEUTICAL RECORD.

(New Hampshire Journal of Medicine.)

Oil of Morphia.—M. Lepage (Jour. de Pharm., April, 1854) refers to a previous article by himself, on the solvent powers of chloroform, in which it is stated that morphia and its salts are insoluble in that liquid, and confirms his results.

The sulphate and hydrochlorate of morphia are but slightly soluble in fixed oils at the ordinary temperature, but more so when hot, M. Lepage recommends that a mixture of almond oil and hydrochlorate of morphia should be heated just before it is to be used.

As a substitute for the oil of morphia, M. Souberain suggests a solution of morphia in glycerin, viz.:—Acetate of morphia, six grains; glycerin, a fluid ounce. Dissolve the morphia in the glycerin with or without heat.

Mounsey's Preston Salts.—The following directions for making this preparation are taken from the London Pharm. Journal, viz.,—Take of true oil of cloves, English oil of lavander, of each a drachm; oil of Bergamot, five drachms; strongest solution of ammonia (sp. gr. 880), one pint; mix these together. The bottles are then to be half filled with rough carbonate of ammonia, and filled up with the carbonate in fine powder. The salt is then saturated with the above solution, and corked closely.

Oil of Protiodide of Iron.—M. Gille, of Paris, has suggested that oil of almonds may be impregnated to a certain extent with protiodide of iron, provided the iodine, iron filings and the oil are mixed together, and shaken till the odor of iodine disappears, which requires several days. The following is the formula suggested:—Take of pure iodine, in powder, 34 grains; iron filings, 230 grains; oil of almonds, 25 ounces, (Troy.)

These ingredients are mixed together, and agitated occasionally for several days. The oil of protiodide of iron, when complete, has a slight amber color, no odor, and almost without taste. It preserves its physical and medicinal properties for some time without appreciable alteration, and should be kept in glass-stoppered bottles.

In the Annals of Pharmacy, from which we extract this notice, it is

not stated whether M. Gille proved the presence of iodide of iron in the oil. It is probable that some reaction occurs between the oil and the iodine, prior to or coincident with its action on the iron.

Saccharated Iodide of Iron.—The Hanover Pharmacopœia gives a formula for this preparation. Sixteen parts of iodine, four of iron filings, and sixty-two of water, are gently heated together until the solution becomes green, when it is rapidly filtered, and mixed with forty-eight parts of pulverized sugar of milk. This mixture is then to be evaporated by means of a water bath, until it acquires a thoroughly dry consistence. Thirty-two parts of sugar of milk are then to be added, and the whole rubbed in a mortar into a fine powder. When properly made, it is a yellowish white powder, soluble in seven parts of water, and requires to be kept in closely stopped bottles. This powder contains rather less than one per cent. of iodide of iron.

Coating Pills.—M. Calloud suggests a new material as preferable to flaxseed and sugar:—Take of tragacanth, in pieces, 50 parts; distilled water, 100 parts; pure sugar of milk, in powder, 1000 parts.

Make a mucilage with the tragacanth and water, squeeze it through a linen cloth as in making lozenges, mix it with the sugar of milk to form a paste, spread this on plates, dry it in a stove and pulverize it. The pills are coated by moistening their surface with water and immediately rolling them in the powder. The moist fixes a portion of the powder on their surface, and forms a coating.

PERISCOPE.

Spontaneous Gangrene in a child eight months old. By James Sidey, Esq.—The gangrene had appeared on the head, face, and hands, and the appearances were well illustrated by a series of casts. The right ear and the entire hairy scalp were of an intensely black colour, and on both cheeks patches existed about the size of a half-a-crown piece. The right thumb and the backs of both hands were similarly affected. The child was noted to have been restless and feverish on May 22nd, and on the 23rd a slightly darkened ring was found to have formed round the thumb about the middle of the first phalanx; in a few hours the whole thumb was gangrenous, and the dorsum of the hand became involved. On the ear, the gangrene commenced with the appearance of flea-bite, and subsequently extended rapidly to the scalp, assuming a remarkably regular form, and giving the child the appearance of wearing a black skull cap. The pulse was observed to be very feeble, and the mouth unaffected. Death took place in twelve hours from the first appearance of the gangrene on the thumb, the child being sensible and continuing to suck well up to a few minutes before death. Its previous health had been tolerably good. The only medicine it had been taking prior to the su-

pervention of the gangrene was a little ipecacuan wine and carbonate of soda for an attack of hooping cough, from which it was convalescent.

Dr. A. Wood said that the case was a remarkably interesting one, and forcibly reminded him of cases of blood poisoning, as—*e.g.* from ergot of rye, which were attended with gangrene. It was very evident that in the present case the peculiar appearances were not due to any affection of the blood vessels, but rather, as he had stated, to a poisoning of the blood itself. The symmetrical disposition of the gangrene, the suddenness of its approach, and the rapidity of the fatal termination, were especially noticeable

Dr. Begbie only once met with a case of spontaneous gangrene of the scalp, which was a very rare lesion. The patient in whom he observed it labored under typhus.

Dr. W. T. Gairdner mentioned the particulars of a case where the tip of the nose, after assuming a bloodless and discoloured appearance, became gangrenous. The patient was a young lady who, on dissection, was found to have laboured under a tubercular disease of the kidney. Part of the ureter and bladder was also affected.

Dr. M. Duncan had observed a somewhat similar case to that related by Dr. Gairdner in the Infirmary at Aberdeen. The patient was a woman and had disease of the heart and kidneys. Several weeks before death the tip of the nose became gangrenous, and a line of separation was formed. A single toe or finger was also gangrenous.—*Dublin Med. Press.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

HYGIENE AND CHOLERA.

To hear this one—that one—in short, every one, talk most glibly on the necessity of attention to personal and public hygiene, if individuals or communities desiderate a continuance of health; and of the vast importance of judicious sanitary measures in warding off an approaching epidemic, or in diminishing its virulence, should a community be invaded by it,—a person would infer, that sound advice in all matters relating to this subject, needs only to be propounded to meet with universal favor and adoption. No inference, however, could possibly be more at variance with what actually would take place. Men, as a general rule, when attacked by disease, are willing to submit to every measure which is supposed necessary to the re-establishment of health. They follow out with scrupulous exactness the directions of their physician as to the

amount and quality of their food—the length and nature of their exercises, &c., and swallow, with almost religious observance, the statedly appointed doses of medicine; but, so long as they enjoy vigorous health, they neither find it convenient nor agreeable, either personally, or collectively as communities, to attend to the advice of those who have made personal and public hygiene the object of study. The pursuits of business, of trade, of profession, of pleasure, are followed with a devotion and recklessness of consequences, which prove they find it, individually, a most difficult matter to pay any attention to those circumstances necessary to the conservation of personal health; whilst the stagnant pools and undrained flats of Griffintown and Quebec Suburbs, reeking, in many instances, with filth and corruption, and, worse still, the sites of pools, the water of which has evaporated by the action of the sun—the villanous odors emanating from decayed and decaying animal and vegetable matter, which impress the olfactories of the passer-by in certain streets and lanes —the masses of refuse and garbage allowed, by the city Fathers, to be deposited during the winter months under the designation of *snow*, quite within the precincts of the city—the imperfect drains, and the notoriously insufficient supply of water,—abundantly attest that the people of Montreal, as a community, no matter what they may say to the contrary, consider measures necessary to the preservation of the public health, things of very small moment.

Our city has just passed through a season of sickness and death. One of the most dread diseases which has ever appeared to afflict mankind, has made sad havoc among our citizens. No less, in our opinion, than *thirteen hundred* persons were cut off by cholera during the late epidemic. As early as February last we gave warning of its approach, and made the following remarks, which were allowed to pass unheeded :—

"If all the investigations into the nature and causes of cholera have been entirely barren of results, the observation of its progress and developement, and the study of its history have made us acquainted with some important facts. In the first place, we have learned that *cholera can be arrested*. It is now admitted that the vast majority of cases of cholera begin with simple diarrhœa. When seen in this stage, and proper remedies administered to check the inordinate dejections, the chances are that the disease will not proceed to the stage of collapse. Secondly, That when it has advanced to the stage of collapse, the probabilities are that it will eventuate in the death of the patient. Thirdly, That hygienic regulations strictly enforced among communities, have a great influence in limiting the extent of its ravages. With a knowledge of these facts, and in the almost certain prospect of a speedy visit from this dreadful scourge, a fearful responsibility rests on our Provincial Government. Inaction, under these circumstances, becomes criminal. It is no time when the disease is in our midst, committing havoc in our families, to adopt

measures to keep it out. The time of panic and confusion is not the time for well-directed and effective action. Besides, the duration of the epidemic is so short, measures adopted to diminish its virulence, on its first appearance, are scarcely brought to completion, ere the disease has expended itself. We are left to mourn our dead with the anything but consoling reflection that, had the same amount been expended and the same steps been taken at an earlier period, *before* the disease manifested its presence, many valuable lives would have been saved.

"A Central Board of Health, with power to appoint local boards throughout the Province, should at once be established. A rigorous investigation of all the cities and towns, more particularly their suburbs, should be instituted under the direction of this board. At this season of the year, masses of animal and vegetable matter in a congealed state, admitting of easy removal, are to be seen in the yards and enclosures of the various suburbs of our cities. If left to the summer, the putrefactive process sets in, giving rise to gaseous emanations which are exceedingly deleterious to the health of all within their influence. An effective system of drainage, for the purpose of removing stagnant pools of water, should be put into operation early in the spring. People should be obliged to thoroughly cleanse and whitewash their habitations. All public drains and sewers should be cleansed, and care taken that they have free vent. A plentiful supply of fresh, pure water should be afforded to the poorer portion of the population. And lastly, preparations ought to be made for a medical house-to-house visitation. Of all the means adopted in Great Britain to check the progress of the epidemic, "visitation" has been the most efficient.

"We hope to see this matter taken up immediately by those in authority; for should cholera visit us in our present unprepared condition, a great mortality would inevitably be the consequence—a mortality, moreover, which we firmly believe may, by the timely adoption of the measures adverted to, be materially lessened."

It is quite true that a central Board of Health was established; but it was not established until the epidemic was raging fearfully in Montreal and Quebec, and had made its appearance at various other points. Indeed, for all the good it effected, it might have been allowed to remain unformed. The only intimation we ever received of its vitality, was the receipt of a paper containing a notoriously incorrect return of the number of deaths that had occurred in the principal cities.

In Montreal there was no systematic and vigorous investigation of the suburbs—there was no effective system of drainage adopted—the people, as a general rule, were not obliged to cleanse their yards and privies, or to whitewash their habitations—there were no steps taken to supply the poorer population with an abundant supply of water; and there was no medical house-to-house visitation. The Mayor, however, wrote and published a pamphlet on the prevention and treatment of cholera, the first edition of which was distributed gratuitously, while the second and

enlarged edition was sold at Dawson's for sevenpence halfpenny,—stone and lime were placed over the sewer grates—lime was deposited at the different police stations and distributed gratis to every poor unlettered person who might accidentally become acquainted with the fact —and lastly, a local Board of Health was formed at so late a period that their principal official act consisted in an announcement of the termination of the epidemic. These, as far as we can learn, were the principal measures adopted to prevent the spread of the disease. We hope the public may become alive to the necessity of obliging those in authority to have recourse *to more prompt and effective* action at another time; which time, nevertheless, we sincerely trust, may be far distant.

London Medical Circular.—We are happy at being able to congratulate our esteemed exchange upon its improved condition. Its sheet has become considerably enlarged, and other alterations made connected with its typographical character. It already enjoys nearly as large a circulation as both the Lancet and Medical Times and Gazette together. From the stamp return recently published it appears that the number of stamps issued to the three medical journals of the metropolis during 1853 was:—Medical Circular, 106,546; Lancet, 82,000; Medical Times and Gazette, 65,025. The Medical Circular is published weekly, and contains eight quarto pages of closely printed reading matter. After the present year its cost will be only a pound sterling. It is devoted to the reflection of medical literature in general, and of English medicine in particular. Among other headings into which its matter is divided are the important ones of Lectures, Hospital Reports, Reviews and our Note Book. It is well deserving of patronage and we would suggest to our Anglo-Canadian friends that they cannot lay out a few shillings better than in subscribing to it. A simple address to the publisher of the Medical Circular, 128 Strand, London, with that of the party wishing it, will insure its receipt.

Annual Announcements af Medical Colleges.—We have up to the time of writing been favored with those of Jefferson Medical College, Philadelphia, of Pennsylvania College, Philadelphia, and of the Medical College of Ohio. All these exhibit the institutions about which they are concerned as in a flourishing state and having prospective encouragement.

During last session 627 students attended Jefferson College, and the graduates number 270; the number of the latter have been steadily increasing during the past seven years. In 1846-'47 there were but 181. We perceive that the fee for each professor's class continues to be alike,

or the same to all. This is but just and equable, for the expenses and labor of the different lecturers are cœteris paribus alike, though no doubt each one would fain make his own to be the greatest. This plan is now generally followed in the States, it having been found to draw the largest houses.

Some changes have occurred in the professorships of Pennsylvania College, owing to those of practice of medicine and surgery having been vacated. The professor of surgery has at his own request been transferred to the chair of obstetrics thus creating vacancies in the chairs of practice of medicine and surgery, which have been filled by the appointments of Drs. A. Stille and John Neill. Fees as at Jefferson $15 for each course.

The announcement of the Medical College of Ohio is the 35th that has been yearly circulated, and from the commencement of the institute in 1819-'20 to the present time over 5,000 pupils have attended its teachings. Where in the world do all the young doctors go?

Fifth Annual Report of the Female Education Society, and the New England Medical College.—The ladies complain that "the profession as present constituted is like half a pair of shears. And hence the poor work they make in cutting the thread of disease." This grievance will, by the *blessings* of their society, be blotted out forever, the pair of shears will soon be made whole, and then humanity shall flourish in immortal youth, and disease will reign no longer. We are glad to be able to correct, from the report itself, a rife mistake. It is usually supposed that a female doctor is either a starched spinster or a weedy widow, but this is a gross libel, as the following quotation shews, which is true even to the italics: "With such a *help* a man's house instead of being a melancholy and expensive hospital as is too often the case, would be a citadel of health and the abode of cheerfulness and thrift." This is a consummation which we are sure more than one benedict devoutly wishes for, and will afford mighty encouragement to any one who thinks of giving up the single state. One more extract we give for the benefit of any Canadian female who would like to join the craft: "Women will go where duty and humanity call, not only to Canada but to the frozen snows of Greenland or the burning climes of Africa. There is, however, need of some thousands of female physicians to supply the cities and towns of New England alone, so that they may not be obliged to make such long journeys to reach their patients." Well, indeed, all this is highly proper, but we scarcely know which to admire most, the proffered intrepidity or the saving clause.

Appointments in McGill University.—The Governors of this Institution have been pleased to make the following appointments in the Medical Faculty, in consequence of the death of the late Dr. McCulloch, which lamented event we recorded in our last number. The chair of Midwifery and Diseases of Women and Children that he occupied during his life time, has been assigned to Professor Hall, whom we are sure will sustain its popularity and usefulness. For the many years he has been connected with the College, he has always been a favorite of the students. The Professorship of Materia Medica and Pharmacy, left vacant by this appointment, has been conferred upon Dr. Wright, formerly Professor of Medical Jurisprudence.

Medical Faculty of Laval University, Quebec.—The Medical Professors of this University are—Dr. J. Blanchet, of Medicine and Physiology; Dr. C. Fremont, of External Pathology and Operative Surgery; Dr. J. A. Sewell, of Internal Pathology and Special Therapeutics; Dr. A. Jackson, of Midwifery and Female Diseases; Dr. J. Z. Nault, of Materia Medica and Therapeutics; and Dr. J. E. Laundry, of Anatomy, general, descriptive, and chirurgical. The other chairs are not yet filled up.

Strychnine in Cholera.—We have much pleasure in directing the attention of the profession to Dr. Fraser's communication; because we are convinced that strychnine is the most powerful nervine now in use, and the best adapted for the removal of certain symptoms of cholera. The justness of this opinion is well sustained by the historical details of the recorded table, where an amount of success is exhibited from the remedy as must be most encouraging to those who may hereafter be called upon to treat the disease. Like other substances, strychnine will fail; but its experimental use is justified by the rebelliousness of the disease to medicine generally, and we hope, when strychnine is selected, its trial will be conducted in the judicious and scientific way recommended.

Annual Report of the City Inspector of the City of New York for the Year 1853,—This is a very complete document, clearly drawn up and full of valuable information. As it refers to matters, however, that have principally a local interest, we can only speak of it generally. We think a similar production should issue yearly from every town, which would exhibit the particulars connected with mortality and births during a given time, the prevalence of different diseases, causes of death, length of life, and similar facts of interest not merely to physicians but to all

men who have any concern about either morality or philanthropy. We wish something, even though it were but an approximation to the above, were done for Montreal, but it is hoping against hope as long as our city fathers are so given to talking, for till they have had their say, no sanitory action can be expected, and for all their says time is too brief.

Publication of Theses.—As an encouragement to students, we have concluded to select from among the theses yearly presented to the Medical Faculty of McGill College, one for publication, always providing that such a one be deemed by us, after an impartial examination, to be deserving of so distinguished an encomium. Our readers generally will not object to this, for, apart from the arrangement made not to encroach upon the limits of the Original Department of the Journal, we feel sure they will welcome the annual offering of a carefully compiled, well arranged, ably argued, and clinically elucidated thesis, as not unacceptable in point either of interest or profit. We have only, therefore to request, that in their perusal, they will considerately remember the limited book resources of the writers, and the small time that can usually be devoted by a student to such a task. In the present number is the commencement of the series, and if the successors equal it in merit, we shall be only too glad at having made the above resolution. In explanation, it is only necessary to add, that the gentleman to whom Dr. Craik's thesis was referred, expressed himself greatly satisfied with it, and stated its fitness for publication; and as we entirely concur with him, we have much pleasure in introducing it to the profession.

We copy the following notice of Dr. Hunt from the Buffalo Commercial Advertiser. The articles appearing in the editorial columns of the Buffalo Medical Journal, over the signature "H.," have always been read with pleasure by us:—

"*Professor Sanford B. Hunt.*—We are much gratified to learn that this gentleman has been elected to the chair of Anatomy in the Medical Department of the University of Buffalo, rendered vacant by the resignation of Professor Moore, who is about to remove to Columbus, Ohio, and to take the chair of Surgery in the Starling Medical College in that city. To the members of his profession Dr. Hunt is widely and favorably known by his writings in the Buffalo Medical Journal, of which he is one of its two editors. He is also one of the contributors to Putnam's Magazine, and the frequency with which his articles are taken from that

periodical and published in various journals, evince the estimation in which his talents are held by the reading public.

"Dr. John Boardman, of this city, takes Dr. Hunt's former position in the University as Demonstrator of Anatomy."

New Licentiates.–His Excellency the Governor General has been pleased to grant licenses to Charles Tozer, of Aylmer, in the county of Elgin, gentleman, and Thomas Benson, of Kingston, in the county of Frontenac, gentleman, to practise Physic, Surgery, and Midwifery in that part of Canada called Upper Canada.

Reviews.—Hereafter, we purpose placing the price of each book we review immediately after the title. We do this for the benefit of our country subscribers, many of whom, we have been given to understand, would like to send for books if they were certain of the price. Mr. Dawson will transmit any book ordered from him, through the post office. The postage is only one half-penny per ounce.

Books Received for Review.—Skoda on Auscultation and Percussion, 1854. From Messrs. Lindsay & Blakiston, Philadelphia. Annual Report of the City Inspector of the City of New York, for the year 1853. From T. K. Downing, Esq., City Inspector.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Case of advanced Iritis, rapidly yielding to treatment. (Reported by Mr W. J. Henry.

Mary Ann Gardner, a stout Irish woman, aged 30, of scrofulous appearance, married, was admitted into the Montreal General Hospital, on the 1st August, by Dr. Wright.

From the patient's statement, it appears that she caught cold on board a steamboat coming down from Hamilton about a fortnight ago, and a few days after her arrival in Montreal, felt a severe pain of a throbbing character, in one particular spot, just above the left eyebrow; this next passed to the temple—finally, the left eye became affected, and her sight began to be imperfect. She applied to a medical man here, and received some medicine from him, with directions to blister her temple. Experiencing no relief, she applied for admission into Hospital.

On examining the affected eye, a fine, light pink halo of vessels is seen radiating from the margin of the cornea; the iris is redder and

more dusky in appearance than that of the sound eye, and very convex appearing to bulge forwards; the pupil is very much contracted, and nearly triangular in shape, and the edge of a flake of light colored lymph is seen on its outer border. Sight is nearly lost, the letter of a book appearing like black lines.

A lotion of bichloride of mercury, intended for another patient with conjunctivitis, was by mistake applied to this woman's eye, and she was put on low diet. The next day she complained a great deal of the pain and smarting caused by using the lotion, and the mistake was discovered and rectified. The following prescription was ordered:—

℞ Cal. gr. ij.
Pulv. opii, gr. ½.
Fiat pil. vesp. et man. sumend.

Also— ℞ Potass. iod. ℈iv.
Liq. potass. ℥vj.
Aq. ad. ℥viij.
m. Fi. mist. cujus cochl. maj ter in die sumend.

August 4. The eye is already changed in appearance; the pupil has nearly lost its contracted look, though still far from circular, and the fragment of lymph alluded to before, has diminished in size; iris does not bulge forward so much, and its color is changing. Gums are not yet affected by the mercury.

8th. A still greater improvement. Iris is of the natural color, and pupil nearly of the normal size. There is a slight irregularity, however, in its upper parts, as if a small segment had been removed from the circle. The fragment of lymph has entirely disappeared. The gums have been sore since Monday, when the pills were discontinued. Sight much improved.

The next day, as the eye was nearly well, and the patient wished to leave the Hospital, she was discharged.

QUARTERLY REPORT of the MONTREAL GENERAL HOSPITAL, ending 28th July, 1854.

Remaining from last Quarter	78	Discharged cured	414
Admitted	450	Died	29
		Remaining	85
	528		528
In-Door Patients.		*Out-Door Patients.*	
Males	268	Males	507
Females	182	Females	381
	450		888

Diseases and Accidents.

Disease.	Admitted.	Died.	Disease.	Admitted.	Died.	Disease.	Admitted.	Died.
Abscessus	8	1	Dyspepsia	1		Œdæma	3	
Acne	1		Emesis	4		Ophthalmia	15	
Albuminuria	1		Epilepsia	2	1	Ostitis	1	
Amaurosis	1		Erysipelas	1		Palpitatio	1	
Ambustio	5		Febris Com. Cont.	44		Paralysis	2	
Amenorrhœa	2		" Intermit	4		Paronychia	3	
Amputatio	2		" Typhoid	13	2	Periostitis	2	
Anæmia	1		" Typhus	3	1	Peritonitis, chronic	2	
Anasarca	1		Fractura	6		Phlegmon	1	
Aneurismus aortæ	1	1	Furunculus	1		Phrenitis	1	
Apoplexia	1		Gastralgia	4		Phthisis	8	2
Ascites	1		Gastritis	1		Pneumonia	8	2
Blenorrhagia	2		Gonorrhœa	1		Purpura Hemorrh.	1	
Bronchitis	13		Hemorrhagia	1		" Simplex	2	1
Bronchocele	4		Herpes	1		Rheumatismus	50	
Calculus (renal)	1		Hydrocele	2		Scabies	2	
Cancer	2		Hypochondriasis	1		Scarlatina	2	
Caries	2		Impetigo	1		Strictura	1	
Cephalalgia	1		Inebritas	1		Submersio	1	
Cholera Asiatica*	61	13	Irritatio Spinalis	2		Synovitis	2	
" Canadensis	6		Laryngitis	1		Syphilis	8	
Constipatio	2		Leucorrhœa	1		Tinea Capitis	2	
Contusio	16		Luxatio	2		Tortio	1	
Coup de Soleil	1		Mania	4		Ulcus	17	
Cystitis	1		Metritis	1		Variola	3	
Debilitas	7	1	Meningitis	1		Varix	1	
Delirium Tremens	6	2	Menorrhagia	2		Vertigo	1	
Diabetes Mellitus	1		Mentagra	1		Vulnera	8	
Diarrhœa	35	2	Morbus Cordis	4				
Dysenteria	6		Neuralgia	1				

* The total number of cases of cholera admitted during the quarter, was 132. Of these, 71 died within three days after admission, and were consequently excluded from the Hospital Registers; 13 died after having survived more than three days, making the whole number of deaths 84, or about 63.6 per cent; the remainder, 48, or about 36.4 per cent, recovered. More than two thirds of all the cases were in a state of extreme collapse when admitted, many of them dying within an hour, and affording scarcely any opportuniy for the employment of remedies successfully.

Operations During the Quarter.

Amputation of leg, 2; of phalanges, 3; of great toe with removal of metatarsal bone. Tumors excised, 2. Circumcision. Extraction of polypus. Tapping abdomen. Tapping tunica vaginalis, 2. Injecting tunica vaginalis. Injecting veins, 2. Total, 16.

Fractures treated.—Internal, 6; external, 2; dislocations reduced, 2. Total, 10.

Minor Operations.

Opening abscesses, &c., 25. Bleeding, 4. Cupping, 28. Teeth ex-

tracted, 41. Vaccination, 4. Sutures, 2. Wounds dressed, &c., 8. Total, 114.

Attending Physicians—Drs. Fraser & Sutherland.

Robert Craik, M.D.,
House Physician and Surgeon.

MEDICAL NEWS.

Dr. M. H. Airison, the supposed agent in forwarding the infernal machine to Cincinnati, which exploded and killed two persons, has been arrested in Iowa.—Dr. Linton, an accomplished scholar and physician, formerly a surgeon in the navy, was recently hung by a mob at Larado, Texas. He had murdered three persons which aroused the indignation of the whole community.—A lady in Barnstable, Mass., last week gave birth to three children weighing together 21¼ lbs.—A brewer was lately fined £30 in England for adulterating his beer with the grains of paradise. In the opinion of an American editor he deserved to be executed.—Dr. Avrey Downri, who had practised medicine for 70 years, died some weeks ago in Preston, Conn., aged 92 years.—A lady died in February last on Long Island, N.Y., who had been confined to her bed for a period of 50 years.—The degree of L.L.D. was conferred upon Prof. J. W. Draper of University Medical College, by Princeton College, New Jersey, at its last commencement.—James Jackson, M.D., of Boston, has received the same degree from the University of Cambridge, Mass.—The discovery by Bernard that the liver produces sugar had such an effect upon his mind that he did not sleep for three successive nights afterwards.—Transfusion of blood in the collapse of cholera has been resorted to in the Charity Hospital, New Orleans, but without any beneficial results.—Injection of a fluid like serum in composition and gravity was injected into the veins of some patients at the Montreal General Hospital while collapsed, but none eventually recovered.—The London Lancet states that no cases of cholera of any kind had been registered in that city for three weeks, and that cholera of the malignant type has not existed there for four months.—The Hahnemann or Homœpathic Hospital of London has ceased to exist. The furniture and effects were sold by auction on the 14th July last by Messrs. Dobenham and Stoors. It has scarcely carried on its miserable existence for the time predicted.—Dr. Hackett, Inspector General of Hospitals, died suddenly at Malta, at the age of 74, while on his way to service in the war at the East.—Dr. D. Spillan, author of a volume on therapeutics, besides several elementary works, and translator of Andral's Clinique Medicale expired on 20th June last, in St. Pancras workhouse, London, whither he had been placed but a day or two previously on account of the extremely destitute condition of his family who are in want of the common necessities of life.—The anniversary oration in honor of Harvey was this year delivered before the Royal College of Physicians and Surgeons, London, by Dr. Alderson as usual in latin.—The medical staff in the East is very inferior: the subordinates are youths from the schools sent out to perform the most difficult duties of surgery. The Turkish surgeons know nothing but cupping with cow horns, and many a patient has sunk which a judicious use of the knife would have relieved; their usual plea is, the man will probably die it is no use to put him to pain.—It appears that 300,000 ounces of quinine are annually consumed in the United States; it has been computed as too small, as this only refers to the imported quinine, and not to the home manufactured. It at one time sold for 75 cents a bottle, now it sells for $3 or $4.—A sucking child was lately treated to 10 grains of calomel every two hours for croup. It was continued until the bowels were acted upon. In three days this object being gained, the drug was pushed no further, and stopped when 200 grains were given.—Anatomy has been legalized in the Empire State of the Union, and under certain restrictions dissection may be practised in New York.—Cholera has broken out with great violence amongst the Russian troops at Cronstadt.—Joseph Hodgson, Esq., has been re-elected a member of the Council of the College of Surgeons, London, and has consented to deliver the annual oration in memory of John Hunter, a duty for which few men are better qualified.—Dr. Golding Bird, after a short and laborious career in London, has been compelled through ill health to take up his residence at Tunbridge Wells, where he will continue practice.

THE

MEDICAL CHRONICLE.

VOL. II.] OCTOBER, 1854. [No. 5.

ORIGINAL COMMUNICATIONS.

ART. XVI.—*Two Cases of Intestinal Obstruction from Internal Strangulation, and one case of Inflammation and Perforation of the Appendix Vermiformis.* By Geo. W. Campbell, A.M., M.D., Professor of Surgery, McGill College, Montreal.

The attention of the profession having been of late especially directed to intestinal obstructions from internal causes, by Mr. Benjamin Phillips and Mr. Cæsar Hawkins, in their communications in the 31st and 35th vols. of the Medico-Chirurgical Transactions, and more recently in a very able review of the above and other papers upon the same subject, in the 25th vol. of the British and Foreign Med.-Chirurg. Review, by Mr. George Pollock, I have deemed the following cases worthy of record, as an interesting addition to our present store of information upon this important subject.

The first case, which I met with some years ago, occurred in a young female, 17 years of age, who was suddenly seized during the night with pain in the bowels, accompanied with vomiting and constipation. The retching was very distressing; the matter vomited was at first what had been eaten the previous day, subsequently it was bilious, but it never became fæculent. Three or four stools were at first procured by turpentine enemata, and with momentary relief, but the constipation in a short time became complete, and the injections were passed without admixture. The pain in this case was never very severe; there was no abdominal tension; the tenderness on pressure was slight, and diffused over a large portion of the anterior surface of the abdomen. No swelling nor hardness could be discovered, by careful external examination, in any portion of the intestinal canal, indicating the seat of the obstruction. The countenance, at an early period in the attack, became very anxious, the pulse quick and feeble, and the breathing hurried; there was great prostration, restlessness and want of sleep, but the intellectual

faculties remained clear and unclouded till the last. She said she felt she was dying, but was perfectly tranquil and resigned. Death took place 48 hours from the commencement of the attack. The treatment was at first a dose of calomel and rhubarb, followed by salts and senna; afterwards, calomel and opium, with prussic acid, and creasote to quiet the stomach; large injections were given at an early period, and frequently repeated. The prostration was so great from the first, that neither general nor local abstraction of blood was deemed advisable. Hot fomentations were kept constantly applied, and turpentine was used hot as often as it could be borne.

Post mortem examination. On opening the abdomen, the convolutions of the intestines were found in many places glued together, by firm membranous bands, the result of an attack of peritonitis, from which she had suffered many years previously. There was slight indication of recent inflammation, afforded by a small quantity of bloody serum contained in the peritoneal cavity. A duplicature of the inferior portion of the ileum was formed into a loop, by one of the bands of false membrane previously mentioned. The band connecting the two portions of the gut was about half an inch in length, and of great strength, and the aperture thus formed, was oval in shape, with well-defined, resisting margins, an inch and a half long, by three-fourths of an inch in diameter. Through this opening, nearly three feet of the superior portion of the same intestine had passed, producing strangulation. The strangulated portion was purple in color, but tough and shining, without any evidence of commencing gangrene; it was moderately distended, with liquid and flatulent contents; both above and below the obstruction the intestines were contracted and empty. The peculiarities of the above case, were the absence of severe pain, and abdominal tension, although life was terminated by the obstruction within forty-eight hours from the first symptoms indicating its presence.

The 2d case occurred last winter in the practice of my friend Dr. Wight of St. Johns. The morbid parts were sent to me by that gentleman, along with the following description, which I give in his own words:—

"I have just met with a very singular and, I think, *unique* case of hernia, in a patient laboring under ovarian dropsy. The particulars and history of the case I will furnish you at some time hereafter, but shall only now say that before death my patient suffered much from intestinal pains, colic, &c. &c.; bowels were open till within some days of death.

Post mortem appearances. On opening the body, the ovarian sac was found adhering to the peritoneum in front, and loose behind, excepting at its middle portion. On opening the sac, about nine quarts of thick

yellowish seropurulent, or rather serous fluid, mixed with pus and flakes of lymph, were withdrawn. A regular hernia of the small intestines was then discovered, protruding into the back of the sac, composed of a loop of bowel from 8 to 10 inches in length, of a deep purple hue, and covered with flakes of thick yellowish lymph, just such as is seen in strangulated inguinal hernia. The protruding portion of bowel was really strangulated, being very full of fæculent matter, which we could not squeeze out, while the upper and lower portions of intestine were quite empty, and of a natural color; the cavity of the ovarian sac did not communicate with that of the peritoneum. I succeeded in getting the preparation, sac, uterus, ovaries, and bowel, and will send the whole to you, in order to have it preserved by your conservator. Did you ever meet with such a case, or read of one like it? How would an operator have felt, had he attempted, as some had done, to excise the sac?"

Dr. R. P. Howard, who has put up the preparation for the museum of McGill College, describes it as follows:—

"The opening in the ovarian sac is oval, about 2½ inches long by 1½ broad; its edges are tolerably regular, almost as much so as if cut with a punch, except at one point, where they are somewhat ragged. There is no evidence of adhesion having existed between the sac and the bowel, which occupied the opening. The knuckle of strangulated intestine consists of about 10 inches of the ileum; it is covered with a thick layer of semi-organized lymph, which constricts it to a certain extent, at the part surrounded by the opening in the sac. The ovarian sac is multilocular, and consists of one enormous cavity, from which are numerous small and large orifices leading into smaller cavities or loculi."

The 3d case was one of inflammation and ulceration of the vermiform appendix, produced by impaction of a small concretion in that body:—

On the evening of the 30th of last July, L. M., a fine healthy boy of 11 years of age, was some hours after eating a hearty meal attacked with pain in the bowels, vomiting, and slight purging. As the symptoms seemed to proceed from deranged stomach, I prescribed copious draughts of tepid water, and, when the stomach was well washed out, a doze of Gregory's powder.

On the morning of the 31st, I found that the purging had ceased shortly after my visit the previous evening, but the pain and vomiting still continued. I ordered a synapism to be applied to the epigastrium, and pulv. rhœi, gr. xij., chlorid. hydrarg. gr. iij., to be taken every three hours till the bowels were acted on. I saw my patient again in the afternoon, and found that three powders had been taken without any action of the bowels. There was still vomiting, and pain principally complained of in the right iliac region, which was slightly tender

to the touch; in all other parts of the abdomen, pressure was well borne. Pulse was 84, soft; skin cool and moist. A castor oil enema was administered, and ordered to be repeated in two hours, if the first brought nothing away with it. Hot fomentations were applied to the abdomen. In the evening I found no change in the symptoms; the same remedies were directed to be persevered with, and a draught, with prussic acid was given, to be repeated every three hours till the stomach was settled.

1st August. The bowels were freely moved this morning; pain and sickness much relieved; he was able to retain a cup of tea and some arrow root. Medicines were omitted. This comfortable state continued until evening, when the retching again returned. There was slight pain complained of in the abdomen, but it was quite flat and soft, and the pulse only 90; fomentations with turpentine sprinkled on cloths wrung out of hot water, were ordered to be repeated, and chlor. hydrarg. gr. vi., opii gr. i., was administered.

2nd. There was occasional sickness during the night, but it was passed free from violent pain, and he had slept a good deal. There was no material change in the symptoms all day; in the evening I found that the pain was spreading over a larger extent of the abdomen. There was slight tympanitis, the desire to evacuate the bowels was frequent, and the attempts to do so ineffectual; the sickness was still much complained of; pulse was 100, without hardness. Hydrarg. chlor. gr. iij., opii, gr. ss., was ordered every four hours; turpentine was added to the castor oil injections, and as the skin was tender from the fomentations, a linseed meal poultice was applied over the abdomen.

3rd. Passed a restless night, considerable jactitation, pulse becoming more rapid, tongue furred, tenderness extending over abdomen; no especial fulness to be discovered on the right side, where pain was first complained of; bowels not yet acted on; vomiting continuing. Croton oil was given every two hours, in half drop doses, and at four o'clock in the afternoon the bowels were once freely moved, with manifest relief to all the symptoms. This favorable change continued till midnight, when there was a recurrence of the former symptoms, but with increased severity. In the morning of the 4th I found my patient's pulse 120 and weak; his tongue was coated, and his features were becoming pinched. There was considerable abdominal tension, and constant vomiting. Dr. Holmes, who in the forenoon saw him with me, recommended a large blister to the abdomen, and hyd. chlor., gr. iij., with opii gr. ss., every two hours. From this period he sunk rapidly, and died about three o'clock in the afternoon.

Post mortem examination. On opening the abdomen, the peritoneal

coat of the intestines was generally in a state of intense inflammation, being coated extensively with lymph, which produced adhesions. Wherever the intestines were closely in contact, the adhesions were soft, recent, and easily broken. The peritoneal cavity was filled with a turbid serum, mixed with flakes of lymph. On examining for the cause of this intense and extensive peritonitis, the appendix vermiformis was discovered swollen and dark in color, and occupied, about an inch from the cœcum, by a hard substance, which felt through its coat like a cherry stone. A perforation existed between this obstruction and the cœcum, with soft, livid margins, large enough to admit the point of a goose quill. A diverticulum was found on the ileum, about two inches long, and as large as the finger; but it was empty and healthy. The escape of some portion of the intestinal contents, through the perforation in the vermiform process, had undoubtedly caused the fatal attack of peritonitis. I handed Dr. Howard the appendix, with its contents, for examination and preservation. He states—"I have examined the concretions found in the ulcerated appendix vermiformis; they are three in number; the largest is about the size of a boiled marrow fat pea, and is coated with a thin crust of calcareous matter. On section, it is found to consist of concentric layers, of a dark brown material, which crumbles when dry, apparently composed of intestinal mucous and fæecs mixed; it contains no nucleus. The other two are small triangular greyish bodies, of firmer consistence than the preceding, and about the size of grape seed; the true nature of which I cannot make out, but believe them merely small specimens like the first." This is the third case of fatal peritonitis, produced by impaction of substances in the appendix vermiformis, which has occurred in Montreal within the last few years. The two cases to which I refer, were recorded, the first by Drs. Nelson and Crawford, and the second by Dr. Holmes, in the 2d vol. of the British American Journal of Medical and Physical Science.

I have laid the above cases before the profession without comment, and would only in conclusion remark, that in none of them did the symptoms during life so unequivocally denote the nature and situation of the obstruction, as to warrant operative interference, with a view to its relief; nor do I think the result would have been different, had an operation in any of them been attempted.

ART. XVI.—*Case of a Carpet Tack in the Trachea for* 19 *days expelled by Nature.* By Js. Crawford, M.D., Professor of Clinical Medicine, McGill College.

M. G., a girl of 10 years of age, while sitting beside her mother, who was occupied in *quilting*, took one of the tacks her mother was using, and put it into her mouth, and upon a sudden inspiration the tack disappeared into the trachea. After the alarm was over, the child complained of a pain or prickling sensation in the throat, accompanied by a short frequent cough, occurring in paroxysms. The parents, in a great measure, overlooked the accident for ten days, when they brought her to me. At that time there was no very marked symptom; the cough was trifling and short, without any expectoration. There was a slight mucous rale in the trachea, and some slight pain or soreness about the region of the glottis, but probably from fear; the child did not desire to make any complaint, or allow any examination of the throat. The lungs did not afford any indication of an abnormal condition, and the voice remained unaffected. Failing in detecting any foreign body, I fancied the painful sensation might arise from the scratching of the nail, in passing. I sent the child to my friend Dr. Campbell, to make a further examination, as I knew he had a probang of a new construction. The party, however, returned back to me, saying that nothing could be discovered. I then ordered an emetic, and directed that the child should be brought to me in a few days. As she did not, however, appear to suffer, and she went about and amused herself as usual, the parents did not pay much attention to her. On the morning of the 19th day, she coughed up the tack, and took it to her father, who brought it to show me. It was an ordinary cut tack, of three-fourths of an inch long, very sharp pointed, and somewhat rusted. From that time the cough and irritation ceased.

This case illustrates and bears out the view Mr. Vincent takes of the treatment and resources of nature in cases of foreign bodies in mucous canals, especially in the trachea.—(See Braithwaite's Retrospect, vol. 29, page 157.)

To have undertaken the operation of tracheotomy in the present case, with so little indication of the presence of a foreign body, or its probable seat, and with so little urgency in the symptoms, I conceive would be somewhat of a desperate experiment, even had the parties consented. The trifling weight and sharp point of the tack rendered it little likely to be influenced by change of posture, so successful in the case of the coin in the trachea of Mr. Brunel. In fact, this case had to be left to

the unaided powers of nature, which fortunately proved successful. In all probability the tack was enveloped in mucous when coughed up, but this circumstance I could not ascertain.

ART. XVIII.—*Pickings from some of the Parisian Hospitals.* (Concluded.) By JAMES BARNSTON, M.D., Edinburgh, Extr. Member of the Royal Medical Society, Edinburgh; Member *(ex. of.)* of the Parisian Medical Society, &c.

HOPITAL DES ENFANTS MALADES.—During the month of June 1853, there were no less than 14 cases of fracture in children in this hospital, under the care of M. Guersant, surgeon to the institution. These cases afforded a favorable opportunity to those attending at the time of observing many interesting facts and peculiarities connected with the lesion in question in very young subjects. M. G. took this occasion to make some remarks in his "Leçons Cliniques," well worthy of notice, as coming from one who has paid particular attention to the subject, and has had very considerable experience. We here give but a condensation.

We very frequently meet with fracture of bones in young children, and may consider the accident as common, especially between the age of 15 months to 3 years. During this period their parents leave them greatly to their own resources. At first their movements are very unsettled, and the result of forced effort. This is manifestly owing to the deficiency of power in the muscle, and the want of firmness in the bone, whose compact tissue or "shell" is thin and unable to bear much weight or sudden motion. At a later period, a want of the necessary precautions for securing safety against accidents render them liable to falls and the like, which constitute the proximate or exciting cause of fractures. It is well known that gelatin predominates over the osseous substance in young bone, and this is remarkably so in Rachitic children. The bones are soft, flexible, and tend more to curve than break. Nevertheless there is, even in such cases, a frequent liability to fracture. All bones are more or less subject to this accident, but it is much more frequently met with in the long bones. Fracture of the thigh bone is the most common. The average number of fractures treated in this hospital are 80 per annum,—of these about 65 are fractures of the femur. It is very important to find out the extent of the fracture, as well as its direction, which may be transversal, oblique or longitudinal. It is frequently incomplete, that is to say, with the periosteum preserved and stretched,

or, while one side is fractured, the other is merely curved. In diagnosing fractures in children, it is not necessary to manipulate in all cases; on the contrary, it frequently happens, as you have seen, that the evident deformity of the part affords a ready means of recognizing them without any touching; and this is of advantage, for manipulation is apt to cause tearing of the periosteum, besides additional pain to the little sufferer.

Consolidation of fractured bones takes place much more readily and at an earlier period in children than in adults. Firm union occurs, as a general rule, in the course of from 20 to 25 days. The younger the patient is, the earlier is the cure effected. 10 to 12 days will suffice to consolidate the fracture of the humerus of a new-born infant. It is a remarkable fact also that union of the fractured ends of a bone, in Rachitic patients, takes place at an earlier period than in ordinary healthy children, and with equal firmness. It often happens that fractures are neglected, through the carelessness and ignorance of the parents. In such cases, the cure takes place without treatment, and generally with less deformity than might be expected. Nevertheless, when the limb or part becomes mis-shapen, it is wonderful how time, with a little care and adjustment will remedy the evil. In the treatment of recent fractures, some consideration should be made relative to the amount of deformity, as well as to the age and constitution of the patient.

If there should be no displacement, little or no treatment is required. Simple repose, in a favorable position, with due attention to the state of the bowels, is all that demands attention. When there is displacement, the fractured ends of the bones should be nicely adjusted, which is generally easily managed. Contrary to the opinion of Lisfranc, M. G. recommends the immediate application of bandages, in order to retain the parts *in situ*. They should not be drawn too tight, for then there would be liability to accidents, some of a serious nature, such as sphacelus of the skin and muscles, a case of which you have seen, lately entered into the wards, and it is advisable that they should generally be of such kind as can be renewed from time to time, as found necessary. This remark is especially applicable to fracture of the thigh, and in young children. A mobile apparatus answers perfectly well in fractures of the lower leg and of the arm near the elbow, provided there be very little displacement. In fractures of the radius near the wrist, the hand should always be placed towards the ulnar side. The arm should always be bent either a little or to demiflexion, in fractures of the forearm and of the humerus. The broken ends of the humerus can easily be retained *in situ* by three narrow splints, placed anteriorly, externally, and posteriorly. Fracture of the clavicle should be treated thus:—Place a compress under the axilla, bandage the arm and elbows, which is to be

drawn close to the side, cross the semiflexed forearm upon the chest, then carry or bandage firmly from the elbow and arm across and over the shoulder of the opposite side, at the same time heightening the shoulder, whose clavicle is broken. In fractures of the femur, simple bandages rolled round the limb answer all the purposes required in infants, and young children up to 2 years of age. Beyond this period, a compress with splints, two or three in number, should be first applied, and after being carefully and firmly bandaged, additional large splints are required to prevent any displacement and maintain perfect rest and freedom from motion. Nothing need be said of other fractures, as they are treated much in the same way as in adults.

Hopital de la Charite.—It has been occasionally remarked that some physicians who rise to eminence are gifted with more of charlatanism than medical skill. However this may be, no one will doubt for a moment that the persevering efforts of talent, directed in a given line, and towards a given object, will generally ensure success, and with it special celebrity. This conceded, it is but reasonable to believe that those who have devoted time and attention for many a long year to the practice of a speciality, can well attain to niceties of diagnosis and treatment of disease beyond the reach of others, whether experienced practitioners or teachers. This cannot be better illustrated than in M. Piorry of *la Charité*. On entering his wards, and there observing the perfection of the art of percussion, and the extent to which it is carried and depended upon, in the diagnosis of the majority of diseases, one cannot but stand a little amazed at first, were he not inclined to question the procedure altogether as savouring of imposture. A little attention, however, with a careful and frequent examination of the cases will lead to a conviction that there is much truth in the exactitude and precision with which M. Piorry indicates the form and size of the different organs of the chest and abdomen, or maps out on canvas the circumscribed dulness of a partial pneumonia or pulmonary apoplexy, ascertains whether there is hydropericardium or hypertrophy of the heart, eccentric or concentric, measures the dimensions of an hypertrophied liver or spleen, and contrasts the enlarged kidney of one side with the corresponding atrophy of the other. With all deference, however, to his acknowledged skill and accuracy, one cannot but occasionally suspect a tinge of partiality to preconceived views, and a strong tendency to attain a degree of unqualified minuteness and precision that would justify self-laudation, and excite wonder in the minds of his disciples. His diagnosis, prognosis, and treatment, always blend harmoniously, and tend generally to the cure of the patient. His conclusions are always rendered satisfactory to himself and to those who possess implicit confidence in his peculiarities

of doctrine and practice. In order to shew his method in the treatment of hospital patients, the following will suffice.

A patient arrives in the wards; he is introduced to M. P., who immediately subjects him to a lengthened examination, in order to ascertain the physical qualities of every organ in his body. Having satisfied himself that there is a circumscribed induration in the upper part of both lungs, this is carefully marked out with a pencil on a piece of canvas, with various shades, indicating the amount of condensation. A plan of treatment, sanctioned by long experience as most trustworthy, is now adopted; and in such cases as the present, where the consolidation is assumed to be tubercular, iodine is the all-powerful remedy. It is accordingly administered in every possible way; for example:—It is given —1. Internally, in the form of solution, and if the stomach is not well able to bear it after some time, iodine enemata are substituted; 2. In form of vapor, by inhalation, which is resorted to once to three times a-day; 3. In form of ointment, by friction upon the cutaneous surface adjacent to the diseased parts; 4. By means of iodine baths; and lastly, the whole atmosphere is impregnated with the atoms of iodine, by which a constant supply is furnished to act directly upon the tubercular disposition. The patient is thus subjected to treatment, and every successive examination, made with the same minuteness and precision at intervals of two or three days, shews a slight, but yet distinct and satisfactory diminution in the circumference of the induration, till at length the lapse of time intimates a complete disappearance of the dulness and return of the lung to its normal condition. The cure of the patient is effected, and M. Piorry orders him to be dismissed—a living monument of his skilful treatment, and not an unfrequent victim to iodism.

ART. XIX.—*Medical Institutions, &c., of Paris,* By Wm. H. Hingston M.D., L.R.C.S., Edinburgh, &c.

Hopital Saint Louis.—This hospital, for the treatment of skin diseases, is situated in the Rue Bichat, Faubourg du Temple; contains 825 beds, generally all filled; but the number of in-door patients is trifling, compared to that of the out-door. The surgical cases, of which there are a great number, are attended to by Malgaigne and Denonvilliers.

Malgaigne's proper theatre is the *Ecole de Medicine,* where students, in addition to being taught surgery, are listeners to the most eloquent dissertations that are to be heard within the walls of a college. They style him "La Rachel de la Faculté, Le Cicero des Hospitaux," &c.

I have often listened to him with unbounded pleasure and admiration. His clear voice is distinctly heard in every corner of the immense, dark, sombre lecture room. In the St. Louis, his clinic is well attended, especially by strangers, many of whom are forced to come to the conclusion that the medical world came to, long ago, ———. While they admire the fertility of his genius, they regret that the patient's feelings and comfort form such an unimportant item in his calculations.

Hopital du Midi,—founded by Godfrey de la Tour, in 1613. At the time of its foundation, one bed served for eight patients, four of whom occupied it from 8 p.m. to 1 a.m.; and the other four from 1 to 7 a.m. They received, with their ticket of admission, a severe flogging—were thrust into a dark, close cellar, among other unfortunates—forced to wait months, and sometimes a year, before being placed under treatment—to lie as already mentioned, and finally to receive another severe castigation before leaving. At that time the married and the single of both sexes occupied the same ill-lighted, ill-ventilated dungeons. But now matters are changed, and if the Midi is not so elegant as other hospitals, every inmate of it, has, at least, a separate bed—of which there are 321. Upwards of 3000 are admitted during the year, the mortality among whom does not generally exceed 11. Ricord and Vidal attend. We rarely meet with physicians to the same hospital, holding views so widely different, as are those of M. Ricord from his colleague Vidal. While, on the one hand, Ricord, almost alone and unassisted, asserts the non-transmissibility of matter other than the pus of chancre, and its entrance into the system only by a chancre,—Vidal, with Velpeau, Malgaigne, and a host of lesser stars, have tried hard to confute him, and whether successful or not the curious in those matters must decide for themselves. Ricord, notwithstanding this powerful opposition, still holds forth to a class if anything more numerous than before. He is possessed of great volubility of speech, is remarkably witty, constantly indulges in rough jokes and *double entendues*. His class and visiting hour are looked forward to, as something to be enjoyed, while a roar of laughter not unfrequently announces their termination.

Hopital de la Republique.—This, though unfinished, is a very pretty edifice, situated between the St. Denis and Poissonnière Gates, and is composed of ten bodies, connected together by arches; six are for patients, the remaining four for baths, laundry, &c. It is ventilated and heated in the same manner as the Hopital Beaujon. The hospital accommodates about 600 patients, but the *service* is never followed.

Hopital de Lourcine.—Few hospitals were so imperatively called for, as this one, for females affected with syphilis. It was founded for that purpose in 1559; was subsequently, however, a house of refuge, but

finally returned to its original object. It is one of the most comfortable and convenient in Paris; one in which there is every facility for bathing, washing, &c. Upwards of 2000 are treated annually; the mortality among which is 1 in 50. This hospital is not so well attended as it should be; students are fonder of following the surgical cliniques, and those on diseases of the chest. In no other hospital with which I am acquainted, with the exception of the venereal wards of the Charité, in Berlin under Simon, is there the same facilities for investigating for one's self, this branch of medicine, and for examining diseased structures; the opportunity, therefore, should not be neglected, of attending while in Paris the Lourcine, and of receiving the instructions of Cullerier and Gosselin.

Hopital de l'Hotel des Invalides.—This hospital, I need hardly mention, is for the reception of old soldiers who had been wounded in the field of battle, or otherwise in their country's cause. It was opened for that purpose in 1674. It was not, however, then completed, for the chapel, in which now rests the remains of Napoleon, was not finished until thirty years afterwards. The Hotel des Invalides ranks with the most magnificent edifices in Paris, and is pointed at with pleasure and with pride by those of their countrymen who envy not the comfortable and elegant home of the aged and maimed soldier. It contains nearly 3500 men, of whom nearly 150 are officers. They are divided into 14 divisions, each commanded by a chief, adjutant, and sub-adjutant of division. The first division is formed of officers, among whom is a female, bearing the title of sub-lieutenant, and wearing epaulette and sword. In the hospital of the Hotel the deaths nearly average 1 *per diem;* more than half of whom die between the ages of 70 and 80. Two physicians and three surgeons are in attendance.

Hopital du Val-de-Grace.—On the 1st April 1645, Louis XIV. laid the first stone, in accordance with a vow made by his mother, Ann of Austria; it having pleased the Almighty to put an end to her sterility. It was for nearly two centuries and a half the residence of a religious corporation, when in 1793 it was converted into a military hospital. The first object that meets our eye, after our entrance, and one that must be grateful to the sight of every lover of humanity, is a bronze statue, by David—of him of whom Napoleon said: *c'est l'homme le plushonnete que j'ai connu*—of *Baron Larrey*. This hospital is composed of three squares, and is surrounded by extensive and beautiful gardens, one part of which is a promenade for soldiers, and the other for officers. There is also a botanic garden, for those whose inclination leads them in that quarter. There is a fine collection of anatomical preparations, both wax and soft. Also a museum for comparative anatomy, and a cabinet of natural history cu-

riosities. There are curiosities, however, to which the medical portion of the public attach greater interest, namely, the instruments, &c., that Larrey used in the campaign. The trophies that he brought back with him bear evidence of the scenes he witnessed, while there exists abundant proof of the unbounded fertility of his genius, in the rude contrivances to which he was often compelled to resort on the field of battle.

The hospital can be made to accommodate 4000 soldiers. Previous to 1850, students were educated in the Val-de-Grâce for the army, but since that period, none but physicians are allowed to attend, who are compelled to pass a year there *en service* before entering the army. The mortality in the Val-de-Grâce averages about 1 in 34, and about 220 deaths occur during the year.

The chirurgien *en chef* is M. Larrey, son of the late Baron. In Larrey we meet with a true representative of a class of persons, now uncommonly rare—*un vrai Francais du bon vieux temps*—quiet, graceful, exceedingly and really polite—paying due attention to, and courting the opinions of others, and advancing his own without ostentation. He is far from being a dexterous operator, and *on dit* that he inherits the powers of application, though not the talent, of his father. Admission is granted to this hospital but once a week; M. Larrey, however, can, at his discretion, furnish a *carte d'entrée* at any time, and it seemingly affords him great pleasure to do so.

Hopital Militaire du Roule.—The site of this hospital, (Rue du Faubourg St. Honoré,) is that on which formerly stood the stables of the family d'Artois; but whether for a stable or an hospital, the situation is unexceptionable. It is composed of a series of buildings, forming a hollow square, a portion of which is a garden; contains 700 beds, and mortality is 1 in 19. Seven physicians are attached to the hospital, besides about 20 assistants.

Hopital du Gros-Caillou.—Near the Champ de Mars, in a very favorable position, is situated the Gros-Caillou—a number of buildings enclosing a garden. The whole interior of this establishment is kept scrupulously clean. It receives about 6000 annually; mortality among which is 1 in 29. Nine physicians and their assistants compose the staff of this hospital.

Maison Nationale de Charenton.*—It is surprising what unlooked for results do frequently follow the exertions of humble individuals. When, in 1641, Sebastian Leblanc, in the goodness of his honest and

* The distance of this establishment from Paris (nearly six miles) might almost exclude it from this paper, but it has hitherto been associated with similar institutions, within the city, and I am not desirous of departing from the usual custom.

generous heart, founded the above institution, and looked with pleasure and with pride on the *four* poor sick men, that his bounty fed, and his kindness nursed, little did he dream that nearly half a hundred demented beings would one day be congregated together on the same spot, and within an edifice unsurpassed in comfort or architectural beauty. It is situated in a most delightful part of the country. On one side the forest of Vincennes, and on the other the Marne and Seine. There are numerous gardens, promenades, pretty groves, &c. The males occupy one end of the building, the females the other; mortality is about 1 in 8.5. The number of recoveries (of intellect) not unfrequently amounts to one in 3, and it is thought that many more would recover were it not for short-coming funds compelling their removal.

Hospice de la Viellesse (Male).—This hospital is usually known under the name of Bicêtre, and is situated at the distance of a mile and a half from Paris. Almost every public building in Paris has, at one time or another, experienced those vicissitudes of fortune, those convulsive movements, which, unfortunately for the French nation, too frequently occur. The Bicêtre forms no exception, and is intimately incorporated with its country's history. It was a chateau in 1220, then the hot bed of political intrigue—afterwards the seat of diplomatic negociations—then a retreat for *debauchés* courtiers—subsequently a military hospital—afterwards a general hospital, where diseases of all kinds were huddled together in delightful confusion. Idiots, knaves, and prostitutes, with the really and feignedly sick, without distinction of age or sex, were cooped up within its walls, and it was not until 1820 that the Bicêtre became, as it is now, a house of refuge for indigent old age. The situation of the Bicêtre is very favorable—an elevated piece of land, in the middle of an extensive open field. Those who have attained the age of 70 are admissible on recommendation, while those who have attained 79, by right. In connection with it there is a department for lunatics. The indigent and the insane work a certain number of hours a day (unless countermanded by the physicians attending), and to the indigent is returned one-third of the proceeds of their labor. The establishment contains 3120 beds, 100 of which are for the insane. The mortality among the latter is 1 in 6.48, precisely the same as that which holds good among the aged!

In connection with the Bicêtre, there is, for the female insane, a work-house; and an immense farm for the males; the latter work on an average 8 and 10 hours a day. Male and female teachers are attached, who go far towards bringing back dethroned reason.

Salpetriere.—An institution similar to the preceding, for females exclusively, above 70, and the insane and cancerous. For the indigent

3441 beds are set apart. Nearly 3000 occupy the Salpétrière at the same time, and the mortality averages 1 in 7.28. The number of recoveries among those of aberred intellect is about a third; no coercion, but on the contrary, the greatest gentleness is used towards these unfortunates. The mortality among them averages about 1 in 9.35—a much more favorable per centage than that among the males.

As this is the last institution of the kind that I shall have occasion to mention, I may be pardoned for recording my humble, yet sincere testimony in favor of the *moral* management of the insane, which I had so much pleasure in observing at the above institutions. In no instance did I observe the least fear in the countenances of the demented on the approach of their keepers; on the contrary, their appearance was invariably hailed with pleasure; those who *could* smile *did* smile, and the furious seemed for the moment to forget their fury. On gazing at the faces made cheerful by kindness, I could not but think that there was much truth in the poet's assertion:

> "There's a pleasure, even in madness, which
> Mad men only know."

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XII.—*Auscultation and Percussion.* By Dr. Joseph Skoda. Translated from the Fourth Edition by W. O. Markham, M.D., Assistant Physician to St. Mary's Hospital. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson. 1854. Pp. 380. 5s.

Since the period when Lænnec first unfolded to the world his system of auscultation, its beholders seem never to have thoroughly recovered from the effects of its first sight. Were we to enter into the immediate results that followed, it would be merely to recite the oft-told tale of the introduction of every novelty to scepticism and ignorance, of the reception of every scientific discovery by its earliest acquaintances. It is enough to know that the present day opens upon a cloud of Lænnec detractors, enthusiasts, meddlers, opponents, and plagiarists like the one that has irrevocably closed upon their ancestors. The lesson taught by vanity—*cavite et fugite*—appears to be too great for weak mortality to learn and practice. The archtype stethescopist needs no defence against his successors: a candid inquiry into his researches must conclude with assigning to him the exposition of a new science. And as for predeces-

sors, he was the discoverer, and had none. As well might it be said he borrowed the suggestion from Hippocrates, Hooke, Double, or Corvisart, as hereafter, should a method for preventing hemorrhage during operations be ascertained, that we were its originators, because we now assert that such a procedure is desirable, and may yet be disclosed. The book before us is happily not one of detraction, and we proceed with its examination the more cheerfully.

The Lænnec enthusiasts, who unfortunately too often disadvantageously misrepresent their master, contend that stethescopic signs are pathognomonic, each being a certain indication of a specific lesion, and every disease having its own peculiar mark; wherefore it follows, that as the thoracic viscera are incident to an immense array of various affections, and these have multifarious phases, there must be a proportionate number of signs, so that their comprehension forms a matter of extreme, if not unsurpassable, difficulty. But this savors too strongly of affectation to be natural, and the practical man knows that such a theory is a misconception. Who is there that has ever yet been able to distinguish the four varieties of the crepitant rale of pneumonia, laid down by Fournet, from their individual shades of difference? We venture to say no one but their author; conceived in his own imagination, they have never misshapen the belief of another. Skoda, we are glad to find, does not pretend to any such refinement; he treats the matter far more simply, and less artificially, holding views upon the value of physical signs closely resembling our own. We maintain that a physical sign is not an indication or sure proof of a disease, but of a structural condition which may be common to several diseases. For instance, gurgling is no evidence of phthisis, but of a cavity containing a fluid, and, as such, may be detected whenever this condition exists, and wholly independent of the disease by which it may be caused. Upon any opposite belief to this, an entire reliance will be placed upon the certainty of physical signs, and all other means of diagnosis be discarded as superfluous. This, we fear, too commonly happens, and it has often been a source of regret to see too much importance, and occasionally a sole dependence placed upon the stethescope, alike by practitioners and students. A chest disease offers—the patient is a stranger—he is directed to bare himself—an irrelevant question or two is asked—he is ready—the mysterious tube is applied—a sound is heard buzzing in the ear, or deciphered by fancy—a character for proficiency has to be maintained—a look is given, and the first words spoken are the name of the sign and the disease it has identified. Then follow, in rapid succession, prescription and directions, and the inquiry has ended. Now, it is not too much to condemn this ready tact as both unjust and culpable. Suppose, to carry out

the original illustration, gurgling has been heard; in the eyes of the examiner the patient's doom is sealed; he is believed to be in a hopeless stage of consumption, withheld from active treatment, and his descent into the grave facilitated in every way that cunning can devise. But such a fearful accident would not have occurred had the principle we stated been known, that auscultatory phenomena are only certain indices of structural conditions that pertain to many diseases. For then physical signs would not, as they never should be, trusted to alone; the attention would not have been taken up with one class of these signs, further ones, as inspection, palpation, percussion, and so on, would have been conjoined, and with all these the rational symptoms would have been carefully elicited, and after a due consideration of the whole, a judgment pronounced, or perhaps cautiously postponed, till the original supposition had been strengthened by a subsequent observation. This is the only method by which certainty in diagnosis can be attained. Had the foregoing case of gurgling occurred to one practising with such tenets, he would have revolved in his mind the various causes of the cavity in the lung which the stethescope had revealed. He would have understood that it might be from bronchiectasis; gangrene; cancer; circumscribed empyema, with bronchial communication; pneumonic suppuration; phlebitic abscess; or pulmonary apoplexy, as well as from phthisis; and not before a diagnosis had been founded upon the *voie d'exclusion* would he have committed himself in expression, or fixed the fate of the sufferer.

Between Lænnec and Skoda there exist many controversial matters. The latter unhesitatingly avows himself in direct opposition to the former, not only upon questions of opinion, but also in objects of description, as examples may be particularly adduced the account of the variations of the thoraic voice, and the divisions of auscultatory signs. Skoda observes, page 73, "I have come to the conclusion that variations in the strength and clearness of the thoraic voice cannot be explained by differences in the sound conducting power of normal and abnormal lung parenchyma;" so that the old opinion is rejected which referred bronchial respiration and its alliances to the improved conducting power of a portion of lung that had become solidified or densified, while in its stead there is proposed a new one, which explains these circumstances by the laws of consonance. He considers consonance to be so well known that no definition is given; however, he illustrates it thus:—"The sound of a Jew's harp is scarcely heard in the open air, but becomes distinctly audible when made to vibrate within the mouth; its sound is strengthened in consequence of the air in the mouth consonating with its vibrations." He then proceeds to say, that whenever the voice is

heard louder over any part of the chest than the larynx, the cause is increased consonance within the chest. The medium of consonance is air. The air in the throat, mouth, and nose consonates with the sound generated in the larynx, which further consonates with the air in the trachea, the bronchial tube, &c. The actual difference, then, between the two explanations is that by the first conduction through the respiratory apparatus is made the principal cause of propagation of sound, while by the second the effect is ascribed to transmission through the air residing within the apparatus. The illustration above given is not certainly in favor of the side it is meant to support. We never heard of a Jew's harp sounding when simply put into the mouth and struck. Whenever we practised the instrument in our younger days, we found it required to be held pretty firmly by the teeth, and unless its prongs were in close contact with them, it was mute, despite of all the coaxing applied to its tongue. If the notes, then, of a Jew's harp were heard by consonance, they should be audible when it is made to vibrate within the mouth ; but, as they are not so, this explanation is inadequate. The circumstances under which this instrument sounds are precisely those that accord with the theory of conduction. The note produced is diffused over the teeth, taken up by the superior and inferior maxillæ, and conducted by continuity to the bones of the ear, and from thence conveyed to the auditory nerve. This illustration, then, is an unfortunate one for Skoda, and the practical deduction drawn from it cannot be supported. Now, if we go further with the argument, and admit, for its sake, that increased loudness of voice is due to increased consonance, we have to ask, What increases the consonance ? It cannot be a greater quantity of air within the chest, for in the conditions when it is supposed to occur there is commonly a notorious diminution in the capacity of the lungs ; it cannot be augmented density or increased rarefaction, or any alteration in the air itself, for no such change has ever been suspected, much less shewn to occur ; it cannot be from any action, as reflection between the sides of the respiratory tubes and their contained air, since there is nothing to favor this when it is most required, and, in short, it cannot be from any known cause. It now becomes highly interesting to know what Skoda thinks of bronchophony, bronchial respiration, œgophony, and some other signs that occur when inspiration is considerably abbreviated. Bronchophony occupies a conspicuous place in the author's system ; he uses the term to signify the thoracic voice generally, and as such distinguishes four kinds—the loud and weak bronchophony ; "an indistinct humming ;" and amphoric resonance. Loud bronchophony he considers to be the modification commonly called the pectoriloquy, and the weak variety to be the bronchophony of other writers. These two voices, then, should be

in reality one and the same. But experience, however, we believe, proves the opposite. We contend that between pure cases of both there is as broad a line of demarcation as subsists between any two dissimilar conditions, and that the pathological states in which they respectively occur in no way correspond. Less pure examples certainly are heard, such as that called "pectoriloquous bronchophony," by Walshe, but these are merely intermediate links, and such as subsist between all great divisions. If this be not allowed, then, we have only to take a step or two onwards in absurdity, and assert that a lion is a plant, or the oak a stone, because between vegetables and animals, or vegetables and minerals, there can be no distinction, as the *phytozoa* belong to either of the former classes, and some of the *algæ* to either of the latter. We have considered the statements which have led to the opinion that these two are the same, but have failed to find in them anything conclusive. Both are admitted to have their analogies in the respiratory murmurs—bronchial and cavernous. The machinery of the one is that of the other only operated upon either by the agencies of the voice or the breath; wherever alteration of voice consequently exists it will be associated with the same alteration of breathing—bronchophony with bronchial respiration and pectoriloquy with cavernous respiration. Skoda, however, does not take this view of the subject, for he does not carry out the same divisions of the respiration that he did of the voice, as he should to have maintained his principle and upheld his consistency. His division proves this, whatever he may say to the contrary. Thus he divides respiratory murmurs into four: vesicular, bronchial, amphoric, and indeterminate—a sort of *genus incertæ sedis*. The want of correspondence between these and the vocal signs tells, we fear, against the general applicability, and, inferentially, of the correctness of the doctrine of consonance.

The foregoing exhibits some of the divisions used in the work under notice, which, it will be observed are those of Lænnec considerably meddled with. We have only space to notice an additional one. The rales are singularly allocated together, as the vesicular, consonating, indeterminate and sonorous or sibillant. Now, we were at a loss to imagine for some time what the second meant, and naturally felt anxious to know what single rale had been dignified in contradistinction to the rest by the name of the author's theory. As some of our readers may feel the same curiosity, we quote from page 165:—"This rale is clear and high, is formed by unequal bubbles, and accompanied by resonance, which has neither an amphoric nor a metallic character." "It indicates the presence either of pneumonia or of tubercular infiltration, being seldom observed in pleuritic effusion." It is difficult to say what old-fashioned rale this is; we would have concluded it to be the mucous or its diminutives the

submucous and mucocrepitant, or all together, judging from the rest of the text, had it not been that these might as readily be included under the indeterminate rales which comprise "all those rales which are neither vesicular nor consonating, and are not accompanied by amphoric resonance or pleuritic effusion." The exceeding uncertainty this entails will be duly estimated by all who have not had the chance of having their minds cleared, in the only possible way, by learning from the author personally, at the bedside, his exact meaning.

XIII.—*The pathology and treatment of Pulmonary Tuberculosis, and on the local medication of the Pharyngeal and Laryngeal Diseases, frequently mistaken for or associated with Phthisis.* By JOHN HUGHES BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine, and of Clinical Medicine, in the University of Edinburgh; Fellow and Censor of the Royal College of Physicians, Edinburgh: Member of the American Philosophical Society, and various Medical Societies in Edinburgh, &c. &c. &c. Philadelphia: Blanchard & Lea. Montreal; B. Bawson. 1854. Pp. 130.

The following list contains a few of the remedies that have been recommended for the cure of phthisis within the last few years. Chlorine inhalations, iodine inhalations, mercury, hydrocyanic acid, creasote, iodide of iron, digitalis, sal ammoniac, carbonate of potassa, common salt, chloride of lime, inhalations of the vapour of tar, the production of emphysema by a system of forced respiration, dry cupping or traction, liquor potassæ, the application of a seton, daily vomiting under the influence of emetics, iodide of potass and sarsaparilla, cod liver oil, wet linen rags to the chest, and mechanical extraction of the tuberculous matter through the walls of the chest. These, we have said, are only a few, for were the list completed, it would verily be filled up *usque ad nauseam*. All these appliances, then, and more, have been used, and still the question is not definitely settled, How is consumption to be cured? Each one of the foregoing motley crew has had its day of great things—one or more patrons have introduced it to notice—to it have been ascribed the most wonder-working virtues, and the suddenness with which it has been received into public favor has only been equalled by its rapid decline from popularity. So that the old cry is still raised, and is just as imploring as ever in its demand for satisfaction.

Dr. Bennet is for cod liver oil; he goes for it only, and does not even mention any one of the other remedies that have been equally fortunate

in once enjoying the confidence of the profession as cures for phthisis. He seems particularly anxious it should be known and not forgotten that he was the first to introduce its use into Britain—the first to employ it, and the first to write about it. He is equally desirous it should be widely told, that since his first monograph, he has written a great number of various productions about the remedy, and kindred subjects, that these have appeared both in separate form and in periodicals—in the latter as authenticated communications and as reviews. To avoid the risk of being unworthily overlooked, he appends the name, date, subject, &c., of each: and then observes, as the inflation is about exhausted, any reader who has before met with the remarks contained in the present volume, will know that Dr. B. was "the writer." Now we do not like this parading of small wares, for the caution is brought vividly to mind, that "conceit in weakest bodies strongest works," and having an earnest belief in this proverb, it disposes us to be prejudiced against both the Doctor and his work. Nevertheless, we will act fairly with him. At the 68th page he observes, "The following is a summary of my views regarding cod-liver oil as a remedy for pulmonary tuberculosis:—1. Cod-liver oil is, as M. Tauffliab pointed out, an *analeptic* (reparative,) and is indicated in all cases of deranged nutrition dependent on want of assimilation of fatty matter. 2. It is readily digestible under circumstances where no other kind of animal food can be taken in sufficient quantity to furnish the tissues with a proper amount of fatty material. 3. It operates by combining with the excess of albuminous constituents of the chyme, and forming in the villi and terminal lacteals those elementary molecules, of which the chyle is originally composed. 4. Its effects on phthisis are to nourish the body which increases in bulk and in vigor, to check fresh exudations of tubercular matter, and to diminish the cough, expectoration and perspiration. 5. The common dose for an adult is a table spoonful three times a day, which may often be increased to four, or even six, with advantage. When the stomach is irritable, however, the dose to commence with should be a tea or a dessert spoonful. 6. The kind of oil is of little importance therapeutically. The pure kinds are most agreeable to the palate; but the brown coarser kinds have long been used with advantage, and may still be employed with confidence whenever cheapness is an object. 7. I have never observed its employment to induce pneumonia, or fatty disease of the liver or kidney, however long continued, although such complications of phthisis are exceedingly frequent." This summary, it will be perceived, by any one read in the subject, is very barren of novelty, and by no means exhibits the present state of information. The few items noted are of a most commonplace kind, and possess no claim to originality.

There are 26 cases, interspersed throughout, most of which are examples of recoveries; in the instances of death, the fatal occurrence was due to the supervention of some other lesion than the phthisical. They are well calculated to impress the unwary with the reporter's keen judgment and superior management. We have not found among them any pathological observation worth recording.

The last 14 pages are allotted to the discussion of that which forms so large a part of the caption—the local medication of the pharyngeal and laryngeal diseases, frequently mistaken for, or associated with, phthisis. How gladly would a despairing invalid catch at this straw, and resort to John Hughes Bennett, M.D., as his guardian angel. Eight telling cases are here in black and white, and must be quite irresistible in their way. The treatment pursued is that recommended by Dr. Horace Green, of New York; his directions being repeated without the deviation of an iota, affording one more proof of Dr. B.'s peculiarity of genius in setting forth and dressing up the ideas of others.

XIV.—*The Modern Treatment of Syphilitic Diseases, both Primary and Secondary: comprising the Treatment of Constitutional and Confirmed Syphilis by a safe and successful method; with numerous cases, formulæ, and clinical observations.* By LANGSTON PARKER, Surgeon to the Queen's Hospital, Birmingham. From the third, and entirely re-written London edition. 1854, pp. 316. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. 8s 9d.

Mr. Parker represents the modern treatment of syphilitic diseases to be eclectic. In this he is undoubtedly correct; for, notwithstanding the "cura famis" exclusively followed in Sweden and Denmark, and the horror which the mere mention of mercurial treatment inspires in the mind of the Edinburgh surgeon, the opinion prevails extensively in Europe and America that, while many cases of venereal yield to simple treatment, there are forms of the disease which are refractory to all forms of medication except the mercurial. "There are several circumstances which particularly indicate the presence of mercury in primary syphilis. 1. When a sore remains long open, and shows no disposition to heal under the non-mercurial plan of treatment. 2. When secondary symptoms appear before the primary disease is cured. 3. In well marked indurated chancre, more especially if this have been tested by inoculation. 4. In all primary sores which have yielded a characteristic pustule by inoculation. The indications for the employment of mercury in the two last

mentioned cases is still more pressing, if the primary sores be accompanied by bubo. 5. In certain cases of rapidly spreading ulceration," p. 29.

At the present day, the carelessness with which mercurial preparations are administered to a patient, sufficiently accounts for their occasional failure, the frequency of secondary symptoms, and the ill effects which sometimes arise during the course of their exhibition. Patients, while being salivated, are generally allowed to attend to their ordinary avocations during favorable and unfavorable weather, and to diet themselves as their fancy or inclination prompt. This is decidedly wrong. If mercurials be necessary to a cure, the patient ought to be kept within doors, or, if possible, in bed; he should be subjected to a preparatory treatment, and his diet, both previously to, and during the course of their exhibition, should be carefully regulated by the attending physician.

Our author believes in the occasional communicability of secondary syphilis. In this view he is supported by Biett, Cazenave, Waller, Lagneau, and more recently Vidal de Cassis. In our number for May, Dr. S. C. Sewell has recorded a very remarkable case, confirmatory of this opinion. From what has been written on the subject, Mr. Parker makes the following deductions:—"1. That it is wrong for one person affected with a secondary venereal taint to sleep with a healthy individual, especially if the former be affected with a form of disease in which there is a breach of the surface. This remark applies to husband and wife, and diseased children and healthy nurses, or the reverse. 2. A diseased child should never be suckled by a healthy nurse, neither should a healthy child be placed with a diseased nurse," p. 48.

The purchaser of this excellent work on syphilitic diseases, will find numerous useful formulæ scattered throughout the text, and many cases detailed, illustrative of different forms of venereal, and the results of treatment.

XV.—*The Principal Forms of the Skeleton and Teeth.* By Professor R. Owen, F.R.S., &c., author of "Odontography," "Lectures on Comparative Anatomy," "Archetype of the Skeleton," &c. &c. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. 1854, p.p. 329. Price 6s 3d.

Professor R. Owen, who among a multitude of honors enjoys the distinguished one of Hunterian Professor to the Royal College of Surgeons

London, has not merely a European but a universal reputation for his highly scientific and most laborious researches in the minute anatomy of sclerous tissues. He has devoted himself in an especial manner to the thorough elucidation of the structure of bone and teeth, and has enriched posterity with the results he has arrived at by his investigations. The works which the above heading accredits him with the authorship of, are enduring witnesses of his genius and acquirements. Any one alone would have been sufficient to establish his fame and skill. The treatise on Odontography, extended over 656 pages of royal 8vo, and illustrated by 168 plates, contains an elaborate description of the comparative anatomy of the teeth in the vertebrate animals, in which is more especially given a complete account of the structure and formation of these important organs. Previous to its publication, but little was understood of the varieties of structure that presented themselves in different classes of creation, and less was positively known in regard to the most important point in the developement of teeth, viz., the origin and mode of formation of dentine or ivory, subjects upon which there is now a clear and full amount of knowledge, owing to the circulation of this book and others grounded upon or taken from it. The treatise entitled "Archetype of the Skeleton" was one of the same character and merit as the preceding. It is of these two illustrious works that the one for which we have to thank Messrs. Blanchard & Lea may be considered as the introduction. They have republished it from a portion of a series now coming out in London under the name of Orr's Circle of the Sciences. It will be found to be, unpretending though it appear, not unworthy of its learned writer, and our readers who, from more pressing duties, have not time to go into the more ponderous tomes, and yet would like to know something of the subject, will find this just what they desire.

XVI.—*Healthy Skin*; a popular treatise on the Skin and Hair; their preservation and management. By Erasmus Wilson, F.R.S., Author of "A treatise on Diseases of the Skin;" "A system of Human Anatomy," &c. Second American, from the fourth and revised London edition. With illustrations. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. 1854. Pp. 285. 5s.

One of the chief objects desired by the publication of the little treatise to which the above heading belongs, is the inculcation of the necessity of a due attention to the skin and its appendages. The importance of cleanliness as a point in hygiene, has been long recognized and insisted

upon by the profession, but the public have been slow in comprehending it, and many can scarcely be said even yet to estimate it properly. Much of their ignorance is undoubtedly referrible to want of education, and therefore, when a work such as the present is placed within their reach, it is to be expected that the instruction derived from its perusal will awaken the desired concern in its matter, and prompt to the employment of the measures it prescribes for adding to personal comfort and salubrity. In the early chapters there is given a correct and full account of the anatomical structure of the investment of the body in clear and simple language, so as to be understood as well by the laity as by those within whose province such a theme more strictly falls. These are succeeded by others, in which the influence of diet, clothing, exercise, ablution, and bathing upon the health of the skin is fully established; agencies which are under the regulation of every one, and by misuse or negligence become rife causes of disease and premature decay. And lastly, the concluding chapters give a succinct account of some of the more common blemishes and defects to which the skin and hair are particularly liable; these are of not unfrequent occurrence, and often judged so slight as not to require the consultation of a physician—hence a few hints upon the best means for removing them will, under such circumstances, be esteemed very opportune and valuable.

CLINICAL LECTURE.

Clinical Lecture on Diseases of the Skin. By H. D. Bulkley, M.D., Physician to New York Hospital.

(From New York Medical Times.)

I now exhibit a case to you entirely different in its nature, but one of an intractable character—a case of disease known under the name of *mentagra* in the classification of Biett, and of *sycosis* in that of Willan; the former name being derived from its seat, from the Latin word *mentum*, the chin; and the latter from the Greek word meaning *fig*, from some fancied resemblance to the inside of that fruit when dried. It is the form of disease popularly known under the name of *barber's itch*. It was placed by those authors in the order of Pustules, but is described by Wilson under his second division of cutaneous diseases, those of the *sebiparous glands*. Within a few years, M. Gruby, of Vienna, has discovered a new cryptogamic plant in the roots of the hair of the beard and around that portion within the hair-follicle, in consequence of which he proposes to give it the name of *mentagrophyte*. This has led Neligan,

of Dublin, the latest writer on this branch, to place it in a class which he has arranged to provide for this and porrigo (which is now known to be owing to a vegetable parasite), under the name of DERMATOPHYTÆ. The transmission of the seeds of this plant is supposed to render the disease contagious; and hence there would seem to be some foundation for the popular opinion which has long prevailed, that it is communicated by the razor in shaving, as the name of *barber's itch* would seem to imply. What relation this vegetable parasite bears to the cutaneous affection, whether that of cause or of effect, would seem to be yet an open question. It is certain that mentagra can arise without such direct contact from a razor, in some cases at least, as I once had a patient in whose case eating of cheese was sure to bring out an eruption of this nature, and have had other cases in which the patient had not been shaved by a barber for years; and in the present case, indeed, the patient has two brothers who have been in the habit of shaving with the same razor that he has, for several years, in neither of whom is there the least trace of the disease. I could add, also, that I have treated and cured cases without any special reference to such parasitical connection. It would seem, therefore, as though a favorable nidus must exist, in the shape of some predisposition, either local or general, for the propagation of the disease, as is seen in favus, in which there is evidently a contagious element of some kind, and which has also its own vegetable parasite, and still is only contagious under certain favorable circumstances, a fact which renders its communication of much less frequent occurrence than would be the case under other circumstances.

Under the former view of the pathology of mentagra, the course of treatment pursued was that of purgatives, laxatives, and alteratives internally, and emollient and sedative applications externally, in the early stage, and more or less stimulating, or more especially resolvent ointments, as the disease became more chronic. Among the ointments used were those of iodide of sulphur and iodide of potassium, of the former 10 to 30 grains to the ounce of lard, and of the latter from ʒ ss. to ʒ j. I have also used an ointment of iodide of lead with advantage, and sometimes creasote ointment. These iodine ointments are most useful after the inflammatory stage has passed, when tubercular indurations only are left. Bathing the part with warm water, two or three times daily, and particularly a douche of vapor of hot water directed to the part for fifteen minutes or half an hour, will be found to assist the action of the resolvent ointments. The beard should be kept closely cut with scissors, and the use of a razor rigidly abstained from. The diet should be light and unstimulating. The result, under the use of the best regulated means, is often quite unsatisfactory.

The treatment, in accordance with the parasitical view of the disease, is much more simple, and of much shorter duration; and is said by its advocates to be not only speedy but certain, and consequently much more satisfactory. It consists in removing each individual hair of the part affected, by means of forceps, without any previous preparation, and then making an application to destroy the vegetable parasite. The removal of the hair in this way is somewhat painful in recent cases, but in those of long standing causes but little inconvenience. As soon as the hair is re-

moved, a solution of corrosive sublimate or of acetate of copper is to be applied by means of a sponge or a fine brush. The strength of the former may vary from 15 to 30, and up to 75 grains to a pint of water, according to the irritability of the skin in the individual case; that of the acetate of copper is directed to be fifteen grains to the pint. When the corrosive sublimate is used of the greatest strength mentioned, it sometimes gives rise to a fine pustular eruption, which soon subsides without trouble. In one case, M. Bazin noticed commencing ptyalism from its use. The removal of the hair in mentagra is said by M. Bazin to be followed by an improvement which is really surprising. Even in the worst cases, the cure will be complete in eight or ten days. When no cryptogami or but few are present, the removal of the hair alone may be sufficient; but it is always safe to apply the lotion once or twice. Dr. Jenner, of London, has recently introduced the use of a solution of sulphurous acid gas for the destruction of the vegetable parasites which are now known to infest the hair in this affection, and in some kindred forms of disease of the scalp, of which I will speak more particularly on some future occasion.

Our patient is a man between thirty and forty years of age, of regular habits, so far as I can learn, in the enjoyment of good health, and who has suffered from the disease about six years, having been at times much better than he is at present. The eruption extends over about one third of the lower part of the face and of the upper lip (the parts occupied by the beard), and consists of patches covered with pustules, most of them pierced through the centre by a hair, with more or less induration at the base, the diagnostic mark which distinguishes this affection from impetigo, a disease purely pustular in its nature, and having no connection with any cryptogamic parasite, and unattended by induration about the bases of the pustules.

I prescribed for him some pills, containing blue pill, colocynth, and ipecac. a few days since, two to be taken every second night, followed by a Seidlitz powder the next morning; and directed him to bathe his face in warm water, and then apply, night and morning, an ointment of acetate of lead and stramonium ointment (ʒ j. to ʒ j.). I then directed him to take a mixture of citrate of iron and iodide of potassium in compound tincture of gentian, intending to treat him for a time as though it were not the contagious form. He feels better than he did, and the eruption is less inflamed, and causes him much less uneasiness, and I propose to continue the same means, or those of the same general character, for a week or two, and then, if there is no evidence of a favorable change, shall remove the hair, and apply a wash of corrosive sublimate, as recommended by M. Bazin.

Our next patient is a young man with lupus; and in connection with his case, and, indeed, I may say, in contrast with it, I will show you a woman with the same disease, presenting such striking differences that you would hardly recognize them as belonging to the same class.

The case which I first show you is one in which the ulceration is confined to the surface, and is characterized by a remarkable hypertrophy of the ulcerated surfaces, a peculiarity which I never before saw to such an extent in this disease. Our patient is a young man twenty years of age, with light hair and complexion, and of strumous diathesis, on whom the

eruption began when he was between three and four years of age. He is unable to say on what part it first commenced. Neither his father, nor mother, nor any other of their children ever had any eruption. His general health has always been good. He has now a patch of eruption on each elbow, on the right knee, the right heel, and the inside of the left knee joint. These patches vary in size and shape, the one on the right elbow being about four inches long, and from an inch to an inch and a half broad, while others are more inclining to a circular form. They are all of a dull red color, with fungous elevations from one quarter to one third of an inch in height, the surfaces of which are more or less covered with ulcerations, discharging a moderate quantity of this purulent matter, which concretes at times into thin yellowish or yellowish-green scabs. Adjoining some of them are small patches of scars, partly white and partly violet-colored, like the cicatrix of a burn, the characteristic appearance following the healing of lupus. In some of the patches the elevated portions are perforated by small openings, from which the matter oozes out when pressed upon. This variety of lupus is evidently of strumous origin, and hence the indication for the class of remedies of known efficiency in that condition of the system. I have therefore put him under the use of iodide of iron; and if I find after a fair trial that he does not improve sufficiently fast, shall also give him cod-liver oil. The form of iodide of iron which I have long been in the habit of using is the syrup, of the strength of ℥ j. to ʒ j., and of this I usually give at first, to an adult, ten drops three times daily, and gradually increase to twenty or twenty-five drops at a dose. In some cases, this remedy causes irritation of the mucous membrane of the stomach and bowels; but by attention to the dose and to the regulation of the diet, its use can generally be continued. At present I shall direct the use of stramonium ointment to the ulcerated spots, and shall, in progress of the treatment, make other applications of a different nature. One which I have sometimes used with advantage is the tincture of iodine, freely pencilled over the patches. A favorite application, at present, and for two or three years past, with Cazenave, of Paris, is the deuto-iodide of mercury, mixed with simple olive oil to make a paste, and applied freely to the affected parts. The effect of this is to produce more or less irritation, and sometimes to give rise to erysipelatous inflammation of the part, which is known frequently to modify this disease in a remarkable manner. The diet in these cases should be nutritious and unstimulating, and every attention paid to the improvement of the general health.

The other case of lupus is in a female, forty years of age, a female also of strumous diathesis, in whom the disease at first commenced on the left ala of the nose about nine years ago, when, I have reason to believe, from the history of the case and the remedies used, it was mistaken for syphilis. She has been under my care at different times for several years past, and most of the time with but unsatisfactory results. It is but right to say, however, that during most of the time she has suffered much from privations of different kinds, as well as from mental trials, which have necessarily exerted a depressing influence upon her. The disease has spread gradually from its original seat over the whole of the upper lip and about the corners of the mouth, and from thence over nearly the

whole of the right cheek and a part of the left, and in its progress has attacked the alæ of the nose, and destroyed them, and the whole of the end of the nose, and also the septum nasi, and from thence has extended along the posterior fauces, and thence forward upon the uvula and the hard palate; so that she is now, as you see, a pitiable object to look upon. The lip and cheeks, however, cicatrized some time since, in the manner peculiar to lupus, resembling the scar of a burn, producing at the angles of the mouth the unpleasant effect following cicatrizing about these parts, and interfering with the free opening of the mouth. The voice is effected so much by the destruction of internal parts that she can hardly speak above a whisper, and she is often troubled in swallowing, and for many weeks at a time has only been able to use liquid food. The course of treatment pursued has always been of a tonic and alterative character. Iodine in combination with iron, either in the form of the syrup of the iodide, or in that of the iodide of potassium and citrate of iron in compound tincture of gentian, has been persevered in for a long period at different times. Cod-liver oil was also taken for weeks, and, indeed, for months at a time, and in doses of a tablespoonful three times a day, and all with but temporary benefit. During much of the time the condition of the patient has rendered all attention to hygiene almost impossible; and at times she has actually suffered from want of sufficient food, without making her situation known, and obtaining the aid which would have been willingly extended to her. The only local application which seemed to have any decided effect was the tincture of iodine freely painted over the parts, which had the effect of arresting the ulceration of the face, and causing the cicatrization three or four years ago, which has never since yielded to ulceration. Very little has been done for two or three years past, except the occasional use of the combination of citrate of iron and iodide of potassium before alluded to. The stramonium ointment is also occasionally used to allay the irritation of superficial ulceration, which occurs at times, and then disappears to a certain extent.

THERAPEUTICAL RECORD.

(Virginia Medical and Surgical Journal.)

Chronic Urticaria.—A severe case of this eruptive disease was lately successfully treated by Mr. Startin, at the Hospital for Skin Diseases, London, in the following manner: ℞ Quin. disulph., gr. xij.; am. sesquicarb. ʒj.; magnes carb. ℥ss.; aq. pur. ℥viij. Ft. mist. A tablespoonful to be taken thrice daily.

The quinine in this formula is undissolved, and is held in suspension by the magnesia. Mr. Startin advises the use of dilute nitric acid to relieve the itching, as being equally efficacious as the hydrocyanic acid, and much less expensive.

Hemorrhage from Leech Bites.—Lastelle, in the Repertorie de Pharmacie, suggests the use of the carbonate of iron in obstinate hemorrhages from leech bites, and states that it is very effective.

Lupus.—This obstinate disease has been treated successfully by the London profession, with combination of mercury and cod liver oil in small doses often repeated.

The plan of counteracting the depressing effects of a mercurial course for the cure of syphilis in cachectic constitutions by combining the cod liver oil in moderate quantities is worthy of notice.

Phthisis.—The elegant prescription of Dr. Risdon Bennett is worthy of attention: ℞. Tinct. ferri. sesqui chlor., gtts. x.; acid nitrici dil., gtts. x.; syr. zingib. ʒss.- aq. menth. viridis ℥ j. Ft. Haust. The cod-liver oil to be prescribed in half-ounce doses to be taken in the above draught is more agreeable to the palate, whilst the union of the mineral tonics have been found of great advantage in staying the progress of this dread disease.

Scrofula.—An opinion prevails at Guy's Hospital that the efficiency of iodide of potassium is much increased by combining it with the carbonate of ammonia. The proportions usually observed are two to three grains of the iodide, with four to five of the ammonia.

The ammonia acts as a gentle stimulant to the stomach, preventing the iodide from disagreeing; also, by chemical decomposition itself being changed to nitric acid, and then by combination with the base of the salt, liberating the iodine in its free form.

Tetanus.—The English journals speak somewhat favorably of the action of belladonna in this dreadful disease. We notice in the reports of the Nottingham General Hospital, a case of traumatic tetanus recovering under the use of extract of belladonna, in half-grain doses, gradually increased to a grain and a half; using, at the same time, three grains as a suppository, and alternating the doses every four hours.

Vascular Opacity of the Cornea.—Mr. Critchett, of the Royal Opthalmic Hospital, recommends the use of setons and other permanent issues in vascular opacity of the cornea of long standing, and in subjects of cachectic condition. He declares the use of mercurials, depressants, frequent leeching, &c., only aggravate the disease.

His treatment consists in making an issue in each temple and keeping it open for some months, and at the same time allowing a generous diet, and even exhibiting tonics.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

HEALTH OF THE SOLDIER IN CANADA.

Through the politeness of Dr. Henry, Inspector General of Hospitals, we have been favored with an examination of the "statistical reports of the sickness, mortality and invaliding among the troops in the United Kingdom, the Mediterranean, and British America; prepared from the records of the Army Medical Department and War Office returns, 1853." These reports are of a very elaborate nature, and drawn up in the most careful manner; abounding with information of an interesting character, and useful tendency. We are therefore thankful at having an opportunity of selecting for our readers the principal facts that have been noted in the sick career of the troops in Canada, during a period of 10 years' observation from 1837 to 1846, inclusive.

The admissions into hospital averaged 982, and the deaths 13 per 1000 annually. The fluctuations in the amount of sickness were less than even among the cavalry serving in the United Kingdom, notwithstanding the occurrence of certain causes in the earlier years mentioned hereafter, by which they were likely to be augmented. The maximum proportion of deaths was 16.7; it occurred in 1841-42, and was probably owing to the arrival of several regiments from the West Indies. Contrasted with the antecedent term of 20 years, the mortality was nevertheless lower in the proportion of 13 to 16.1 per thousand. This diminution is partly referred to the absence of epidemic cholera in the latter years, by which a loss averaging 2.1 per 1000 was sustained in the former. But other causes must also have co-operated, as improved treatment, and so on, for after making the necessary deduction for cholera, the decrease is nearly 1 per 1000. This is the more remarkable, as it is asserted the soldiers sent to Canada since 1836 were not so well fitted to contend against disease as their predecessors.

The violent and sudden deaths were 302; a proportion of more than double that of any of the Mediterranean stations. Of these deaths the greatest number were from drowning, 123; apoplexy, 38; and intoxication, 25. The cases of suicide were exceedingly few, only 20.

Fevers of the intermittent type were reduced in number to one-third, owing, probably to the gradual extension of cultivation, improvement in drainage, and other local causes. At Sandwich, C.W., 269 cases occurred in 1839, out of a force of 179 men. It and Chatham were aban-

doned as stations, owing to their unhealthiness, but the effect of residence there was shown by a tendency to that form of fever on every slight exposure, long after the troops had been removed to other stations.

Typhus fever, though not of common occurrence, assumed a very aggravated character. Of 62 cases, 32 proved fatal, being a larger proportion than in the worst form of yellow fever in the West Indies.

Of eruptive fevers, small pox was particularly severe, 1 in 5 of those attacked having died. Revaccination was performed on several of the men, who did not bear satisfactory marks.

Erysipelas was very prevalent and fatal, especially in 1841, when 12 deaths took place from it. In July of that year, it raged as an epidemic around Quebec, Montreal and Toronto, attacking the civilians as well as the military, and lasted till the following March.

Army hospitals have ever been famous as schools for syphilis and for much of the history of the disease and its appropriate treatment we are indebted to John Hunter, Rose, Hennen, Roe, Guthrie, Ballingall, Judd, and a host of other military surgeons. It would appear there must have been splendid opportunities for observing it among the troops in Canada. Among an aggregate strength of 90,456, there were 10,607 cases of venereal affections, which have been thus classed; 1577 syphilis primitiva; 394 syphilis consecutiva; 3594 ulcus penis non syphiliticum; 1210 bubo simplex; 2858 gonorrhœa; 815 hernia humoralis; 104 strictura urethræ; 1 cachexia syphiloidea; 49 phymosis and paraphymosis.

The etiologist who considers that diseases of the lungs are produced and aggravated by low temperature and severity of climate, will be astonished to learn that the proportion of deaths from them during the same term was, in Malta, 7.9, while in this country it was only 7.4 per 1000. The admissions for consumption and spitting of blood in both these places, respectively, were relatively as 9.8 to 8.4, and the deaths in hospital as 4.3 to 3.8. During three of the coldest months, December, January and February, in 1837-8, four regiments, the 85th, 34th, 43d, and 11th, proceeded over frozen rivers and snowy roads from New Brunswick to Quebec. Each was about 18 days on the route, when the thermometer ranged from freezing point to 25 below zero, in heavy rains, thick snows, gentle breezes, strong gales, and inclement weather of every kind. The only protection the men had was extra clothing; they rode in sleighs by day, and were billeted in barns and houses by night, and, when these could not be obtained, in log huts previously erected for the occasion, and kept continually warmed by fires. And yet only two cases, in separate regiments, of any pulmonary disease occurred. The same immunity was witnessed in the troops in 1837-41, when from the disturbed state of the country they were frequently moved, especially

in winter, and were much exposed to patrol and other night duties. And lastly, by taking two periods, 1837–41 and 1842–6, it appears that acute diseases of the lungs were rather more prevalent, and the mortality a fraction higher, in the first than during the latter; while the admissions from chronic diseases were the same in both; but the mortality was higher during the second, when the men had only to perform their ordinary routine, than in the former, when they were subject to all the harrassing duties accruing from the insurrection.

Inflammation of the bowels and dysentery were not one-third so prevalent as formerly. Compared with the infantry at home, during the same period, there is a marked excess in dysentery, diarrhœa, cholera, and indigestion; indeed, the proportion is nearly doubled; but a similar excess nearly always happens to soldiers leaving the United Kingdom and residing in any foreign climate, whether it be temperate or tropical. Epidemic cholera did not occur. Diseases of the stomach and bowels were fewer than formerly, and yet the troops mostly came here from the West Indies, where such affections prevail, instead of being drafted from England, as used to be the practice, thus affording another instance of the rapidity with which the constitution recovers from the effect of tropical service, if not too long prolonged.

Diseases of the eyes experienced a remarkable increase, having been four times more numerous than among the troops at home, and nearly twice as much as in Canada during the preceding twenty years. From 1841 to '4, they were most common. The majority of the cases occurred in London, C. W., and about its neighbourhood.

Intemperance appeared to be more rife in this than in any other command, owing to the cheapness of provisions, leaving a large surplus of pay at the disposal of the soldier. The propensity seemed to increase with succeeding years. Delirium tremens, as to be expected, augmented accordingly; but for further information on this subject, we refer our readers to the April number of the 1st vol. of this Journal, where they will find an instructive article about it, from the pen of the talented gentleman first named in this leader.

McGILL COLLEGE, SESSION 1854-55.

We omitted in our last to acknowledge the receipt of the Annual Announcement of the Medical Faculty of this University, but now take the earliest opportunity to make amends for the oversight. From the changes that the Governors have been pleased to make—four branches,

midwifery, materia medica, medical jurisprudence, and practical anatomy, will be taught by different gentlemen to those who were engaged upon them last winter. The remaining chairs will be filled by their former occupants, whose efficiency has long since been established. The facilities afforded by this school for the acquirement of a sound and modern medical education, are probably not surpassed by any other, even in Europe, certainly by none on this side of the Atlantic. Students have for some time back been sensible of this, so that now, instead of beginning their studies here, and completing them elsewhere, the common practice is not to leave the College after matriculation till they have received its degree, and then to visit older places prior to entering upon the responsible duties of practice. Owing to certain regulations that have recently come into vogue, the labors of the student have been materially lightened in the matter of attendance upon lectures and preparation for examination. Formerly, when this final test was single, it became very trying, for being upon all the branches taught, it required a close attendance during the last session upon each class, and a retention in the memory of the minutiæ connected with its subject, but now, from the examination being double, the student takes up each half at separate times, and can devote himself more thoroughly to the comparatively few branches thereby comprised, thus saving himself from much physical and mental labor. It is proper to observe that this arrangement is not absolute, for such students as prefer the old method are allowed to follow it, and the same concession is granted in the case of gentlemen who, having pursued their studies at other seats of learning, pass the last year at McGill College, with the view to graduation. This consideration cannot be else than satisfactory. We have reasons for believing that the prospects of the coming session are of a flattering character, and that well-filled benches will encourage the professors in their daily toils.

Further Appointments in McGill College.—The vacancy in the chair of medical jurisprudence, stated in our last number, has been filled by the appointment thereto of Dr. R. P. Howard, whose ability as a medical instructor has been well tested, both in teaching practical anatomy at this institution, and in the private education of medical students—those who are returning to College will, with ourselves, rejoice at his elevation to the professorship. Dr. D. C. MacCallum has been appointed his successor as demonstrator of anatomy and curator of the museum.

University of Philadelphia and Announcement of the Fall and Winter Session of 1854–55.—The Penn. Medical University has introduced a reformation in medical education. The studies are divided into 24 instead of 6 or 7 branches. Several subjects have been added to those usually taught in the schools, such as logic, history, general and medical botany, &c. The time of collegiate education has been extended from two to at least *four* courses of lectures and demonstrations, as is the practice in McGill College, thus setting an example which the other American Colleges must follow before long—the evils of the forcing system of two years outweigh all the pecuniary profits.

Annual Announcement of Rush Medical College.—This announcement sets forth in a perspicuous and satisfactory manner the inducements held out to the medical student to select Rush College as his alma mater. We hope its prosperity will continue.

Licentiates in Medicine, C. W.—His Excellency the Governor General has granted a license to Thomas Wheller, of the city of Montreal, and Thomas Cowdry, of Cobourg, to practise Physic, Surgery, and Midwifery, in that part of Canada called Upper Canada.

Simaba Cedron in Intermittent Fever.—We have received a pamphlet from Dr. Purple, New York, containing important practical "observations on some of the remedial properties of simaba cedron, and of its employment in intermittent fever." The simaba cedron is a tree which grows to the height of, probably, twenty feet. It is a habitat of New Grenada, Banks (near San Pablo) of the Magdalena, and Isle de Caybo, coast of the Pacific. It has long been held in high esteem by the natives of South America, as a sovereign remedy for bites of venemous serpents. Dr. Purple has treated eleven cases of intermittent fever with success, by the administration of the powdered cotyledon of cedron. He gives, to an adult, doses varying from five to twenty grains, repeated every fourth hour for twenty-four or thirty-six hours. "The evidence," he says, "which has already accumulated in regard to this plant, points to the fact that it possesses important anti-periodic properties, and perhaps, upon further investigation, it may be found to be a valuable substitute for quinine—a desideratum long sought after. Our

own observations have been confined to the cotyledons in powder in intermittent, and in tincture in neuralgia, dyspepsia, and chronic derangements of the stomach, involving impaired digestion. In these conditions, we are satisfied that it possesses curative properties equal to Columba, quassia, or any of the vegetable tonics; and in view of these properties, we feel assured that it is worthy of an excellent position among this classification of the vegetable materia medica."

Medical Attendance on Servants.—The Dublin Medical Press, Aug. 23, records a very interesting trial that recently took place in Mildenhall County Court, England. It was an action instituted by a surgeon against a gentleman for recovery of £11, 0s 6d, the amount of his bill for attendance on said gentleman's housekeeper, who had broken her leg. It was clearly proved, in evidence, that the plaintiff had been sent for by the defendant, to visit his (defendant's) servant; and his Honour laid it down as clear law, that if a master sent for a doctor, he was liable to pay for the attendance. Not only in law, but in justice, did he consider the defendant liable; for he considered it very hard that medical men should not be paid when they are at the beck and call of any person who may choose to send for their assistance; and if they refused to go, they became subject to a general outcry throughout the country for their want of humanity and Christian feeling. He therefore considered the plaintiff entitled to his claim for the whole amount, with costs.

Dr. Peltier's communication will appear in our next.

BOOKS RECEIVED FOR REVIEW.

Carpenter's Principles of Comparative Physiology; a new American from the fourth and revised London edition. 1854. From Messrs. Blanchard & Lea, Philadelphia.

Owen on the Skeleton and Teeth. 1854. From do.

Wilson on the Skin and Hair. 1854. From do.

Bushnan's Principles of Physiology. 1854. From do.

Buck on the Surgical Treatment of Morbid Growths within the Larynx. From the Author.

Purple's Observations on some of the remedial properties of Simaba Cedron. From the Author.

Carroll's Observations on the Asiatic Cholera, as it appeared in Cincinnati, in 1849-50.

CORRESPONDENCE.

LONDON CORRESPONDENCE.—No. 3.

London, 5th September, 1854.

A measure, which has afforded the highest gratification both to the graduates in Medicine and to the well-wishers of the University of London, has been passed by Parliament before the termination of the session. This Act is known by the name of "The University of London Medical Graduates Act, 1854," and places the graduates of the University on an equal footing as to status and privileges as the ancient Universities of Oxford and Cambridge. Some of the medical journals consider the London degrees far superior to those of the latter Universities; and this has been acknowledged by some of the highest in the land. It is a question into which I shall not enter; and if we simply consider the facilities which are offered in this metropolis for obtaining a thoroughly sound medical education, and compare them with those of Oxford and Cambridge, it will not require much sagacity to declare which are the best and the greatest. The passage of this bill is the stepping stone to the *great Medical Reform Bill* which is positively to be brought forward at an early part of the next session, as has been faithfully promised by her Majesty's Ministers, and of which I shall inform your readers at the proper time.

The following are a continuation of the hospital reports, &c., commenced in my last.

Strabismus.—The operation for this I witnessed upon a little boy, aged 8 years, at the Central London Opthalmic Hospital, on the 27th June, by my friend Dr. Robert Taylor, who very neatly performed it, while the patient was under the influence of chloroform. The case was one of convergent strabismus of the left eye, and of interest, in consequence of its having arisen from opacities on the cornea, which more or less interfered with vision, and thus produced this condition as an effect of nature to relieve the obstructed sight. The sight was weak in the affected eye, and a mere spec could be discerned upon the cornea, but not now of any importance. The little fellow vomited two or three times before complete anæsthesia was produced.

Acute Cancer of the Breast—Amputation.—The following case is a good example of acute cancer, running a tolerably rapid course, occurring in the person of a female, aged 35 years, of a pale leuco-phlegmatic temperament. It appears she suffered from milk abscess of the left breast 16 years ago, and 9 months ago she complained of pain and hardness in the same breast, which subsequently increased and spread towards the axilla,

and which, with other symptoms, clearly pronounced the disease to be scirrhus. It commenced to ulcerate only 3 months ago, and on examining the breast at the present time, no discoloration is visible, nor is there any retraction of the nipple; on the contrary, it and the breast appear prominent. The induration of the gland, which is not very great, extends to the axillary glands. She was brought into the operating theatre of Bartholomew's Hospital on the 1st July, and was put under the influence of chloroform until complete anæsthesia was induced, when Mr. Paget, with a scalpel, made a large semilunar incision along the lower and outer margin of the mammary gland; he then isolated the greater part of the tumor by careful dissection, not, however, without unavoidably wounding several small vessels. Another semilunar incision was then made through the skin above the gland, corresponding to its lower one, and meeting at the two ends, thus making the two of an elliptical form. The gland was then removed, and several of the small vessels were tied. As many of the affected glands in the axilla were removed as could be conveniently got at, those remaining, and which extended as far as the latissimus dorsi muscle, having ligatures passing around their bases. This occupied much time, and rendered the entire operation one of twenty-two minutes' duration, although the removal of the cancerous mass did not exceed three or four minutes. The deep wound caused by the operation was well sponged out, the gaping edges were well and firmly brought together, by numerous broad bands of adhesive plaster, from above downwards, and in a vertical direction, overlying one another, thus acting as if the parts were firmly bandaged, and compressing them together, and the patient removed. Mr. Paget, in his remarks upon the case, stated that its rapidity might be accounted for, from the gland's having been in a previously diseased condition 16 years before, thus converting the present disease into one of an acute form. He drew attention to the absence of retraction of the nipple, the puckering being slight and no discoloration, and that the hardness was not great. He considered it prudent to remove it, but could not say whether the disease would or would not return. He had removed the greater number of the affected axillary glands, but he believed some remained. He was not certain whether the induration of these was owing to scirrhus or scrofula, as there were evidences of the latter in other parts of the body, (he pointed to cicatrices under the chin,) but at any rate he placed ligatures around those left behind, so that they might slough and fall out. The chances of their being scrofulous were favorable towards ultimate cure, and he partly believed them so, from feeling gritty substances in two or three, which he said were common to them. At any rate, even in the event of the return of the disease in a year or a year and a half, the poor woman

would enjoy comfort and health for that period of time, which was certainly something in favor of the operation. On making a section of the tumor, it presented a very beautiful illustration of acute scirrhus, and on scraping the cut surface with the scalpel, it contained the juicy matter so characteristic of this form of disease. So rapid were the healing powers in this woman, that the entire wound was closed in a remarkably short space of time, permitting of her discharge from the hospital quite well.

Excision of Tonsil.—A boy, aged 18, whose left tonsil extended almost completely across the isthmus faucium, and which interfered with deglutition, had it removed in the following simple manner, at King's College Hospital, on the 8th July, by Mr. Ferguson. The tumor was seized with a pair of forceps, the tongue being depressed with the handle and finger; a blunt pointed curved bistoury, the nearest half of the blade of which was wrapped in lint, was then introduced, and the tonsil shaved off, cutting upwards. This operation was performed with the greatest ease, and was very neatly done. Mr. Ferguson is not in the habit of employing any other method, and never uses the tonsillotome. I have, however, seen this last instrument frequently used by M. Guersant on children, at the Hospital des Enfans in Paris, and I think there can be no question about the propriety of using it in them, from the difficulty experienced in keeping them quiet. In the adult, however, with ordinary care, the tonsils are more satisfactorily removed by the bistoury, in the manner described, than with the "guillotine," as it is sometimes called. It must be confessed, that with the latter instrument, as the cutting edge is abruptly drawn through the tumor, there is a liability at any moment of forcibly tearing, instead of cutting through the gland.

Talipes Varus in an Infant.—A child, aged 11 weeks, with a congenital talipes varus of the right foot, was given chloroform. When anæsthesia was produced, Mr. Ferguson introduced a sharp pointed tenotomy knife through the skin, and divided the tendo-Achilles, while that muscle was put upon the stretch. The foot was bound up with adhesive plaster, and subsequently put up in a short splint. This case presented one of the simplest varieties of this form of distortion, and required no other division than that of the tendon mentioned, which will prove quite sufficient for cure. The patient was one of the youngest to whom I had seen chloroform given, but Dr. Snow (who officiated here) informed me that he had given it to an infant as young as 10 days with the most perfect safety.

G.

(Conclusion in our next.)

ERRATA.—Page 150, 16th line from bottom, instead of "than *is* possessed," &c., read "than *are* possessed," &c.

Page 152, 20th line, instead of "Dr. Hamilton first denied that the ligaments afforded little, if any opposition," &c. read "Dr. Hamilton first denied that the ligaments had anything to do with prolapsus. Professor Burns, by experiments performed on the dead body, found that the uterine ligaments afforded little, if any, opposition to procidentia, but that the resistive power," &c.

Page 165, 2nd line, instead of "stone and lime," &c., read "straw and lime," &c.

MEDICAL NEWS.

A woman in England has just had her 25th child.—Yellow fever has been again developed at Havanna. It is represented as being of a more terrible form than ever.—During a violent storm which lately burst over Paris, the electric fluid entered a room in which was seated a man who had long been paralytic and speechless. It set fire to the bed curtains and did other damages in the room; but instead of injuring the infirm man, it restored him to speech and health.—Dr. Bard, of Savannah, has used tinct. fer mur in doses from 5 to 8 drops every four hours in mucilage with great success, in scarlatina.—The pulse of several domestic animals is nearly as follows:—Horse, from 32 to 38 per minute; ox or cow, 25 to 42; ass, 48 to 54; sheep, 70 to 79; goat, 72 to 76; dog, 90 to 100; cat, 110 to 120; rabbit, 120; Guinea pig, 140; duck, 126; hen, 140.—Prof. Forbes has been appointed to the Chair of Natural History in the University of Edinburgh. He is one of the most eminent and zealous naturalists of the age.—Dr. John Hall is the surgeon-general of the British force in Turkey. Deaths at Kalafat from typhus at one time averaged 30 to 40 per day. The mortality in the Russian army has been so great that the commander-in-chief has ordered all burials to be made at night, so as not to alarm the troops by their sight—The latest "quickest" cure for enlarged spleen is poke berries and whiskey.—From the latest accounts from the Danube there have been about 600 deaths from cholera in the English army, and 7000 in the French.—The 97th Regiment has lost between 80 and 90 men in one week in the Piodrus (Greece), by cholera.—From the Medical Circular, dated Aug. 23, we learn that cholera had destroyed 644 lives during the last week in London; during the same time 200 more died of dysentery.—Out of 16,228 subscribers to the public baths of Paris, Bordeaux, and Marseilles, only 2 deaths occurred from cholera.—Advices state that the cholera had disappeared at Bridgetown, Barbadoes, but was still very prevalent in many parts of the Island. The mortality has already reached nearly 13,000. The other islands are pretty healthy.—The only ships that suffered from cholera are those which proceeded up to Cronstadt.—13,702 births more were registered during the quarter ending June 30th, 1854, than for the same quarter of the previous year.—Two doctors, in Mississippi, have been arrested and bound over to keep the peace, in consequence of exchanging leaden pills through muskets.—M. Claude Bernard has been elected a member of the Institute of France.—A marble bust of the late Mr. Liston is to be placed as a monument in the Royal Infirmary of Edinburgh.—The corner stone of a Female College, to cost $125,000, has been laid at Richmond, Va.—The oldest preacher in the States is presumed to be the Rev. Geo. Sawyer, of Garland, Me., now 99 years of age.—A physician in Stafford Co., N. H., has done very naughtily—gone off with a lady and left his wife at home...Gibson, the veteran professor of Surgery in the University of Pennsylvania, contemplates resigning his chair, to take place after next spring.—In the attack on the Stockade batteries on the Danube, in which Capt. Hyde Parker was killed, it is reported to the Admiralty:—"The medical officers have merited our thanks. Dr. O'Hagan, in particular, in the execution of his duty, was in the midst of the fire, and his clothes were pierced with bullets."—A handsome new infirmary has just been established in Huntingdonshire, at a cost of £9000.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. XX.—*Report on Mulignant Cholera amongst the Troops in Canada, in the summer of* 1854, made to Dr. Andrew Smith, Director-General Army and Ordnance Medical Departments. By W. Henry, M.D., Inspector General of Hospitals.

It would, perhaps, have been desirable, that the London College of Physicians, when appointing a committee of their body, two years ago, to collect facts and report on cholera, should have instructed them to consult whether another name ought not to be given to the disease. Every medical man knows that its present appellation is a gross misnomer. The Romans, copying the Greeks, as they servilely did in therapeutics and other things, adopted the word, and we have borrowed it from them; all three attaching to it the idea that redundant bile is the cause of the disease. We know not only is the secretion of bile suspended, but that also what had been collected in the gall bladder cannot pass into the duodenum; all the ducts being paralyzed. The thickening of the blood is the prominent and proximate cause of death; and consequently some term denoting this should be devised, and ought to supersede the present inappropriate name. The Greek term for blood has already been incorporated into not a few medical words, generally recognized, and furnished them with an euphonious termination; and to designate the fatal malady in which that fluid is so vitally changed, there appears to be no good reason why it should not assist in forming another; *Paxemia*, for instance.

Cholera arrived in Quebec, with the emigrants, about the middle of last June. This is, I believe, the sixth time that it has crossed the Atlantic in their train, and ascended the St. Lawrence, since 1832, notwithstanding the quarantine arrangements to prevent it. This alone appears to afford *prima facie* evidence of one, or perhaps the whole of

three things—the inutility of the quarantine, its defective arrangements, or their careless execution. As seems now to be generally admitted, the Grosse Isle Station is too far from Quebec; and the rocky and marshy islet itself is unfit to be a quarantine depôt.

The first case of cholera amongst the military in Quebec occurred on the 25th June. The patient was a soldier of the 66th, on guard over a store in Champlain Street, in the Lower Town. This is a confined and dirty street, running close along the base of the huge, perpendicular rock on which the Upper Town is built; by this position deprived of proper ventilation, and heated much by reflected sunshine besides. It contains a depraved population; is full of low taverns to which soldiers and sailors resort; and has usually been an early and favorite *nidus* of epidemic diseases. The man was carried to the Regimental Hospital immediately, ran quickly into collapse and died in a few hours.

It may here be added, that, as had been done on former occasions, the guard was immediately reduced from six to four, by order of the Lieut.-General Commanding, and would have been withdrawn altogether, but that the contents of the store were valuable, and could not be left unprotected.

The 71st, quartered in the lofty citadel of Quebec, suffered very little from the epidemic. There were only three cases of cholera, of which one man died. The troops are quartered here in casemate barracks, which in spring, when the snow melts, leak a good deal at the roof; but it has always been a healthy spot, although very cold in winter. When quartered there, many years ago, I have observed Fahrenheit—36 deg., on going to the mess at 6 p.m.

The disease appeared soon in the villages near Quebec, and gradually spread though the Province, following, as usual, the course of the river, and other great lines of human intercourse. At Montreal, it attacked the 26th Regiment, and an officer, several men, and a few women and children, became its victims. The Regiment was moved to Quebec, with much sanitary improvement, although another officer died there of cholera.

The 66th relieved the 26th at Montreal; but instead of occupying the Barracks at once, where several instances of the disease had recently occurred, it was thought better that they should be encamped in the Island of St. Helen's, opposite the city, until the Barracks were well cleaned out, whitewashed, and purified by chloride of lime and chloride of zinc.

The encampment of troops, in fine weather, is always favorable to health, especially when some epidemic disease is prevalent. On several occasions in Canada I have witnessed this, particularly during cholera

invasions. Yet, as I conceive, very unfairly and illogically, the cholera that soon appeared in the camp of the 66th was attributed by some to the encamping of the corps, instead of lodging them in the infected Barracks. This was a gross instance of confounding the *post hoc* with the *propter hoc*. According to all fair reasoning, founded on large experience, the probability is, in that case the 66th would have suffered twice as much.

There can be no more healthy, cheerful, nor beautiful site for a camp than on the Island of St. Helens. The ground is dry, with abundant grass, sufficiently elevated, shaded by large, umbrageous trees, and well ventilated by the prevalent south-west wind. The St. Lawrence runs on both sides in a strong current, and from almost every point there is a fine view of Montreal, its guardian Mountain, the banks of the river, and the shipping and smaller craft.

Immediately after the arrival of the 66th, cholera, choleraic diarrhœa, common diarrhœa, and colic, broke out. Eleven cases of collapsed cholera occurred amongst the men, and one case amongst the women; of which nine ended fatally. More than a hundred cases of diarrhœa were admitted, comprising a large proportion of what I have called choleraic diarrhœa, which had every appearance of soon merging into cholera, if not arrested by proper treatment. A good deal of this mischief, during the two first days, was caused by eating largely of the wild cherries that abounded in the island; but they were all gathered and destroyed in a day or two, by order of the officer in command.

Two companies Royal Artillery at Montreal had several cases of cholera, of which three died; there were also a considerable number of instances of colic and diarrhœa. They were encamped, and immediately after their health was perfectly restored.

The 54th Regiment at Kingston had seven bad cases of cholera, and lost four men. They had also, in common with every Regiment in the Province, double the usual number of colics and diarrhœa. The Royal Artillery at Kingston lost one woman from cholera.

A large detachment of the Royal Canadian Rifles at Fort Henry, near Kingston, suffered severely from the epidemic, under the following circumstances. Well behaved men of this corps are permitted to work for farmers and others, and earn a good deal in this way. A party was employed in making rafts at Garden Island in the middle of July, when the weather was very hot. This was unhealthy employment; for the feet and legs were usually in the water, and the upper part of the body was often in hot sunshine. Seventeen of the men were attacked with cholera of the worst form, and twelve died. The party was immediately withdrawn.

Head quarters and two companies of the same Regiment at Toronto escaped the disease ten weeks, although it was prevalent amongst the civil population of the town. At last one case of bad cholera and several cases of choleraic diarrhœa appeared. One man died.

The detachments of the Rifles at Niagara and Prescott escaped entirely, and the party at Isle aux Noix would, probably, have been equally lucky but for the accident of a man coming into Montreal, who caught cholera here and died.

The following table has been prepared from the Returns of the Medical Officers.

CORPS.	Strength of Men, Women, Children and followers.	Cases of				Total.	Died.
		Collapsed Cholera.	Choleraic Diarrhœa.	Common Diarrhœa.	Colic.		
Royal Artillery, ...	6132	7	20	19	2	48	5
26th Regiment, ...		26	23	39	1	83	14
54th do., ...		7	20	30	5	62	4
66th do., ...		14	35	56	16	131	12
71st do., ...		3	3	4	2	12	1
Royal Canadian Rifles,.....		19	27	28	4	78	14
TOTAL.	6132	70	128	176	30	204	50

Only three of the bodies were opened. *post mortem* examinations having been left to the discretion of the medical officers; for it appeared to me, that making this point of ordinary duty imperative on contagionists in cholera would have been wrong.

In the bodies opened, there was nothing seen but what has been observed often before. The blood was viscid and uncoagulated; the gastro-intestinal mucous membrane reddish and congested, and the white part of the brain thickly studded with red points.

Six of the deaths arose from secondary fever, with marked head symptoms, after apparent convalescence.

Treatment of Diarrhœa.—During the epidemic of this year, I have seen no case of cholera in the military hospitals, nor has any been report-

ed, which had not been preceded by diarrhœa of mild or severe type, and of longer or shorter duration. It is now generally allowed to be the first stage of the disease, in which it may be cut short without difficulty.

The medical officers here have effected this in different ways, each employing his favorite medicines. Indeed, the secret of success seems to have been the early administration of the remedy. Calomel, followed by an oleaginous purgative, occupies the first place, and has been most generally used; next, calomel and opium; then rhubarb and magnesia, diluted sulphuric acid, rhubarb and ginger, &c. &c. A few trusted to acetate of lead and other astringents; but this appears to have been the least successful practice. Some gentlemen gave calomel and opium in a pill; but pills have always appeared to me objectionable where time is valuable.

As I had done in four previous epidemics of this kind, I recommended the following treatment:—Patient to lie down on bed on the right side; if an adult, two tablespoonfuls of castor oil, and fifteen or twenty minims of tincture of opium are to be beaten up well in a cupful of hot milk, or milk and water into an emulsion, and administered. The milk must be very hot. If the oil is rejected, which, when thus prepared, is rarely the case, it is to be repeated in half an hour.

The position is intended to facilitate the gravitation of the fluid, that it may pass quickly into the intestines.

With this medicine only, assisted by tepid demulcent drinks, I have treated successfully several hundred cases of diarrhœa during cholera epidemics since 1832; and on various occasions, when attacked myself with choleraic diarrhœa, in these trying seasons, or when members of my family have been ill, we have trusted to this alone.

The oil and laudanum appear to glide soothingly through the small intestines in contact with the mucous membrane, where congestion may be commencing. This the oil appears to dissipate, by gently exciting the normal peristaltic action, and thus eliminating the morbid and irritating secretions. This theory may be wrong, and the *modus operandi* here glanced at defective, in some important particulars, yet I am certain as to the value of the practice.

In their Cholera Reports the medical officers under my command give testimony in support of this.

Treatment of Collapsed Cholera.—The London College of Physicians have published this year a valuable Report on Cholera, which was drawn up by Drs. Baly and Gull. The pathology and treatment were entrusted to Dr. Gull; and he has illustrated the subject in various ways, amongst others, by giving the result of modern researches into the chemistry of healthy and choleraic blood. The authors, who have most ably inves-

tigated this point, are represented to be Dr. Garrod, of London, and Dr. Schmidt, of Dorpat; and the latter attempted to calculate exactly the loss the blood sustains in a given time, by the transudation of its serum on the skin, and in the intestines, and of a part of the fibrine that is washed away. But it is manifest that this process must vary according to the respective idiosyncrasies of cholera patients, the violence of the attack, and other causes; and it is not strange that, in this arduous attempt to measure accurately the crassitude and quality of choleraic blood, Dr. Schmidt should have failed, as his reviewers say he has.

And even if he had succeeded, *cui bono?* The most elaborate chemical experiments on the distinctive characteristics of choleraic and normal blood neither shew the cause of the transudation—the great *arcanum*—nor lead to a knowledge of the proper treatment of the disease.

It appears that a great effort is made in the system to compensate the serous loss the blood is sustaining, by sucking fluid from all the tissues, and pouring it into the heart or large vessels; and some have imagined, that muscular spasms are owing to this sudden abstraction of moisture, which was necessary to the muscles, either at rest or in action.

The blood having lost most of its watery constitutents, becomes of the consistence of tar or treacle, and is rendered uncirculable in the smaller vessels. It cannot be acrified and heated in the lungs, nor penetrate the capillaries of the brain, and excite its proper and mystic functions. How, then, is life to be supported under these circumstances? The most obvious method to re-invigorate the vital powers is to restore the blood to its normal consistency, by the injection of an artificial serum of proper temperature; and no doubt when this was first practised in Edinburgh, in 1832, the operator believed he had in reality discovered the *elixir vitæ*, though not given by the mouth. But his triumph was only for an hour; an element of the blood could not thus be created—the forced mixture which had momentarily exercised electric influence soon separated, probably in the brain, for all the patients died with symptoms of cerebral congestion.

In 1832, at Kingston, in this Province, my friend Dr. Sampson and myself injected a quasi-serum into the veins of twenty poor emigrants in the collapse of cholera. The immediate restorative effects were wonderful, but they all died with symptoms of effusion on the brain.

During the last summer, Dr. Sutherland, Professor of Chemistry in the McGill University here, prepared, with the greatest care, an exact imitation of the serum of the blood, and injected the fluid, of blood heat, in three cases of collapsed cholera, but with the same result.

When collapse has taken place for some hours, all attempts at recovery appear to me hopeless, although it is doubtless our duty to persist as long

as a spark of life remains. But within a shorter period experience proves that a stimulus introduced into the stomach, which shall support the expiring powers, and enable the veins of that organ, and other channels, to convey fluid to dilute the blood, appears the grand *desideratum*. In the military hospitals, besides the ordinary calefactive external applications, calomel, in small doses, frequently repeated, has been chiefly relied on; to this have been added camphor, capsicum, ammonia, champagne, and a host of other medicines. These remedies, and some scores besides, have been either given by myself or under my immediate observation, during twenty years' experience, in cholera; but I regret to say with little effect.

But there is one powerful stimulant, which I have never employed, although I had read of its use in the Parisian hospitals, namely, strychnine; and this really appears the best of all. In the late epidemic, Dr. Fraser, a Professor of the McGill University, gave it in doses of 1-48 of a grain, dissolved in acetic acid and alcohol, every fifteen minutes, or in very severe cases, every ten minutes, to twenty-two patients under collapsed cholera, in the Montreal General Hospital, without selection. The result was more favorable than I have ever observed, or than any recorded instances of which I have read or heard; fifteen of the twenty-two recovered.

Dr. Fraser has given the names of his patients, and a few other particulars, in the September number of the Montreal Medical Chronicle; and this statement is therein corroborated by two medical officers of the hospital. Another physician of that institution, Dr. Campbell, says in the same number, he has used strychnine in cholera, in doses of 1-32 of a grain in three bad cases, with considerable benefit; and adds that he thinks it the best stimulant hitherto employed in the disease. I am of the same opinion, but would recommend iced champagne and water as an accompanying drink during its use.

The military cases of cholera this year have been almost universally asthenic and typhoid, and consequently most dangerous. They have differed essentially from those in 1832, when the disease was first seen in this country. I was then surgeon of the 66th Regiment; and the first eleven men that were attacked labored under very severe spasms, with flushed faces, hot skins, and strong action of the heart and arteries. They were all bled from the arm, and recovered.

The castor oil treatment of King's College, London, does not appear to me likely to continue in favor in that institution. However valuable in the first stage of cholera, this medicine, I think, is useless in the collapse.

The labors of the medical officers in this command, during the late

emergency, have been most praiseworthy. Half of them had threatening diarrhœa; but in no instance did it end in cholera. And it has been gratifying to see them vying with their civil brethren thoughout the Province in yielding gratuitous aid to the poor. One of the leading medical gentlemen in this city is said thus to have lost his life, when predisposed to cholera, by severe professional work. The clergy of all persuasions exerted themselves in visiting the sick. And as we know that under the direction of a beneficent Providence good often springs from evil, there is ground for hope that much softening of religious and political acerbities may result from the late infliction.

MONTREAL, 18th Oct., 1854.

ART. XXI.—*Small Calculi (Phlebolites?) taken from between the Walls of the Vagina, in a colored woman who died of chronic tubercular peritonitis.* By GEORGE D. GIBB, M.D., Physician to the West London Free Dispensary; Fellow of the Medical Society of London; Member of the Provincial Medical and Surgical Association of England.

If the many valuable monographs of the present day which especially treat upon the diseases of the female organs of generation, whether in connection with gestation, or exclusively distinct from that process, be carefully consulted, we shall find almost every imaginable pathological condition, every possible state in fact, even slightly deviating from health, in relation to uterine or vaginal disease, have been therein described. Should any rare condition, however, have escaped notice in these standard works, its description is to be met with in some one of the periodicals of the day.

Many years ago, when holding office in the Montreal General Hospital, a case came under my notice which, from its extreme rarity, excited considerable interest, but which I have only lately brought before the profession here, and now publish it more in detail in the pages of the Medical Chronicle, as it may most probably be within the recollection of many of your readers to have witnessed it.

Calculi have been found in almost every organ of the body. According to their seat, and according to their composition, have they been denominated concretions, isolated or extraneous growths, deposits, &c. If we specially consider the urinary organs, they have been found in the kidneys, the ureters, the bladder, the prostate gland in the male, and in the urethra of the male and female. On the other hand, if we turn to

the generative organs, we discover their rarity to be the rule. Calculi have been found in the uterus, and have been classed under the head of uterine moles. Dr. Waller mentions an instance in the second volume of the Lancet for 1839–40. My friend Dr. Edward Crisp has shown me a specimen from the uterus, resembling in its characters solid bone. Dr. Ashwell* dwells upon them, and supposes them to be the *womb stones* of the older pathologists. And Rokitansky speaks of ostæid growths occuring in this organ. The vagina has been lined with calcareous substances, adhering to its mucous surfaces, but has never been found to contain calculous concretions. Foreign bodies do not come within this category. No writer has noticed the occurrence of these concretions in the walls of the vagina, and the case here recorded is most evidently unique, as no similar one, nor one possessing any of its features, can I find on searching several hundred volumes.

In the summer of 1845, a married colored woman, aged 45, who had borne children, was admitted into the General Hospital at Montreal, suffering from scrofulous disease of the mesenteric glands. There was a good deal of obscurity in the general symptoms, which were at times those of chronic peritonitis, accompanied with great debility and general wasting, from which she died on the 25th September following. At the *post mortem* examination, all the abdominal viscera were found agglutinated together by old adhesions, in numerous parts of which were deposits resembling tubercle. The peritoneum was much thickened and rough from chronic inflammation. The tubercular deposits were very conspicuous on the omentum and between the layers of the mesentery; and the small intestines were much congested, and covered with mixed deposits of lymph and tubercle. The uterus was enlarged to the size of a fœtal head, and appeared to be disorganized by the infiltration of tubercle; it adhered posteriorly to the rectum, communicating with, and engaging that viscus in the disease; anteriorly it adhered to the bladder, and the fallopian tubes and ovaries could not be distinguished. The os-uteri was swollen, but presented nothing remarkable. The coats of the vagina were very much thickened, and on cutting into them, the knife grated upon some hard substances. This led to a careful dissection, when thirty-one small white calculi, in size from a pin's head to a very small pea, were removed from between the external and the middle coats of the vagina; they were not confined to any particular spot, but were chiefly scattered over the anterior surface of the coats, and were enveloped in cellular tissue. They were white in color, and of the hardness of bone, but their chemical composition had not been ascertained.

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* On Diseases of Women.

The report of the above case, together with the calculi, were brought before the Pathological Society of London, on the 16th May last, through the kindness of my friend Dr. Sibson, physician to St. Mary's Hospital.* I mentioned in the report that I believed no calculi had heretofore been found in the same situation. In the course of the discussion, Mr. Partridge enquired if careful examination had been made at the *post mortem* to ascertain whether the concretions were within the cavities of veins, and if so, they were phlebolites. Dr. Peacock concurred in Mr. Partridge's opinion, that the little bodies were probably phlebolites. As I was not present at this meeting, the question could not be answered by the secretary, Dr. Quain; but in a subsequent letter to him, I informed him they were *not* found in the cavities of veins; there were no traces of vessels near them, and that they were enveloped in cellular tissue.

At the request of the Society, Dr Lionel Beale made an examination of them, in order to determine their real nature. The following was his report on the specimens which, together with the details of the case, and several drawings, have just been published in the fifth volume of the Transactions of the Pathological Society:—

One of the smaller of the round bodies was ground down upon either side, in order to make a thin section. Upon subjecting this section to examination, with a quarter-inch glass, it was seen to consist of a clear, transparent material, exhibiting an indistinct arrangement of concentric lamellæ arranged round the central portion of the body. Scattered through this matrix were a number of irregularly stellate dark spots. These were more abundant in some localities than in others, but everywhere were characterized by the same general characters, irregularity of form and size, highly refractive nature, and hard, dense structure, as was determined by endeavoring to crush them between glasses.

Acetic acid did not act upon the sections in the cold, but upon applying a gentle heat, slight action ensued, and was accompanied with the development of a few bubbles of gas.

Nitric acid acted energetically, with brisk effervescence, leaving behind organic matter colored yellow by the action of the acid. Upon subjecting this matrix to microscopical examination, it was seen to consist of fibrous laminæ, arranged parallel to each other, and forming a somewhat loose and irregularly fibrous mesh-work (plate X., fig. 8), much disposed to break in the transverse direction. In fig. 9, the appearance of one of the fibres, represented in the lower part of fig 8, is shown under a power of 220 diameters.

Upon the addition of excess of ammonia to the nitric acid solution, a

* See Med. Times and Gazette 10th June, 1854, p. 608.

precipitate occurred, which, upon examination, was found to consist of amorphous phosphate of lime, with numerous well-formed crystals of the triple or ammoniaco-magnesian phosphate. Oxalate of ammonia gave an abundant precipitate of oxalate of lime in an acetic acid solution of the salts,—insoluble.

Hence the mass subjected to examination consisted of an organic matrix, in which were deposited inorganic salts, consisting of carbonate and phosphate of lime, with phosphate of magnesia. The organic material protected the inorganic matter from the action of acetic acid; while the strong nitric acid readily permeated the animal matter, and dissolved the salts, as above mentioned.

It will be seen from this examination that the bodies agree in general character with phlebolites. That they were found in cellular tissue cannot, I think, be urged as an argument against their being looked upon as of this nature, for "large phlebolites often lie in saccular pouches on the side of the vein. * * * * When the lining and the circular fibrous coats of the capsule are gradually destroyed, the phlebolite finally lies in a capsule of cellular tissue; and this appearance may have given rise to the opinion that the phlebolite is originally developed in the *cellular tissue outside the vein.*" "Rokitansky's Pathological Anatomy;" Transl. Sydenham Society, vol. iv., page 356.

From the preceding report of Dr. Beale, it will appear that these calculi possess the general character of phlebolites, and although they were not found in the interior of veins, nor yet even in contact with any of these vessels, it is possible they may have become so completely atrophied as to escape notice. What further confirms this, is the explanation quoted by Dr. Beale from Rokitansky, as to the manner in which they do become isolated. Furthermore, if phlebolites have been found in the uterine and pelvic veins, as mentioned by Dr. Ashwell, it is reasonable to suppose the possibility of their occurrence in the walls of the vagina; more particularly, as the plexuses of veins, both from the vagina and uterus, unite, with others, for the purpose of joining the internal iliac vein; and Wilson states the veins forming the vesical and uterine plexus are very subject to the production of phlebolites.*

London, 29th September, 1854.

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* Anatomist's Vade-Mecum.

ART XXII.—*Remarks on Vomiting as a sign of Cholera.* By Hector Peltier, M.D., Edinburgh; Physician Hotel Dieu; Lecturer Inst. Med. Montreal School of Medicine.

Numerous observations have been made on that fatal scourge, Cholera; therefore I hasten to inform my readers that it is not an ex-Professo treatise which I am undertaking to write.

I wish simply to call the attention of the profession to a symptom which, according to popular belief and medical knowledge, in connection with rice water stools, contributed to establish a true case of cholera, I mean vomiting.

I shall advert to it presently. Of the causes of cholera, we know nothing, besides its being a poison contaminating the atmosphere; how? where from? and by what means? we are truly at a loss.

The symptoms are perfectly well known.

The treatment, the true one, is yet wanting. I am aware of the innumerable drugs which have been, each in its turn, proclaimed as the best. Take up the London Lancet and the Gazette des Hôpitaux for the past twelve months, and there you will find so much about the different treatments recommended, that an honest and well-educated practitioner will not cling to one treatment in particular, but will try every one, after giving each a fair trial. There are respectable physicians in this city who, for what motive no one can tell, boast of their complete success with one particular medicine. Now, I have, like all other practitioners, had unfortunately a very great number of fellow-beings under my care durng the epidemic of 1849, and during its last visit this summer. As a medical journal, according to my views, is not got up purposely to insert the successes of its contributors, but also the unsuccessful cases which happen in practice, I consider it my duty to give here the conclusion I have come to, and I believe that every true physician will be convinced. In my practice I have lost more than half of my cholera cases, and that after a diversified treatment. The other half have cured themselves alone, for the same treatment had been employed in both.

It would take too much place were I to give you all the different prescriptions used.

Most of physicians can tell that there were cases cured without any aid. I must be well understood; I am speaking only of genuine cases. As for premonitory symptoms, here physicians render a most unequivocal service in giving proper treatment. But I repudiate, as an evil and as a commercial speculation, in common with most of physicians, those preventatives which were sold in such quantities by druggists, and, I regret to say, by a few well-known physicians.

After these cursory remarks, I will bring my readers to the symptom

vomiting, which is, and ought to be, the only object of this communication.

Vomiting is a symptom which, in cholera, is always expected. Strange to say, from my own experience, I have lost more patients who had not vomited at all. I do not wish to establish an aphorism, for many that died had vomited; but I say, that, on the whole, I lost more who had not vomited. All of those who recovered had vomited plentifully, and what?—bile. If it is an admitted fact that there is always engorgement of the liver in cholera (I am always only speaking of genuine cases), we can then easily understand why those who had vomited were saved, and even without any treatment. If then we find such a beneficial effect, such a good result after vomiting, we shall be induced to follow a treatment which has some advocates in Paris and in the States, without assigning any reason for its adoption. That is: Ipecacuanha in small doses, in the beginning, and even in collapse, if there had been no treatment employed and no vomiting. I have not tried the treatment, because when I read about it, I found no reason given for its use, and my conclusions were not yet drawn as they are now If we had again the misfortune, which I fear, of being visited with the epidemic, I shall give it a fair trial, and report its results.

I leave entirely to the profession to complete my views by their own observations, and they will, I have no doubt, approve of my remarks.

ART. XXIII.—*Case of diseased Alveolæ.* By FRANCIS CAMERON, M.D., Springwood, C.W.

What I conceive to be a rather rare case of disease, and one interesting to the profession, occurred in my practice some years ago. Daniel Young, aged about 70 years, consulted my medical preceptor for a disease (as he called it) of the roots of his teeth. The doctor finding it likely to prove tedious, committed it to my charge to manage under his advice. Our patient stated that he first experienced a soreness at the roots of one or two of his upper molar teeth, which shortly after became quite loose, and concurrently with the supervention of the dental looseness, a purulent discharge set in from the gums around them. The affected teeth were removed, a feat which was very easily performed, and a lotion of myrrh and borax applied to the affected gums. After the separation and removal of the diseased aveolar processes, the soft parts under this application soon healed. No sooner, however, had one place healed than the disease broke out in another. It thus spread from tooth to tooth in both

jaws until all the teeth were lost and their sockets destroyed. After this he got well, and lived for several years in comfortable health. Perhaps some of the readers of the Chronicle would inquire, Had he taken mercurials previously? I believe not, as his health was good for a long time before. The entire period that the disease took to travel round his masticatories and disappear, was three weeks.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XVII.--*Principles of Comparative Physiology.* By WILLIAM B. CARPENTER M.D., F.R.S., F.G.S., Examiner in Physiology and Comparative Anatomy in the University of London; Professor of Medical Jurisprudence in University College; President of the Microscopical Society of London, &c. &c. With Three Hundred and Nine Wood Engravings. A new American, from the fourth and revised London Edition. 1854. Pp. 752. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. 24s.

As it is clearly impossible for us, with our limited space, to give anything like a fair review of Dr. Carpenter's elaborate and philosophical work on comparative physiology, we shall merely inform our readers of the caption of the different chapters into which the book is divided, and then pass on to a consideration of a new theory of the relations of Forces that has recently been propounded by modern philosophers, and that bids fair to obtain a wide-spread recognition among the literati of the day. Another reason why we do so is: in works such as the one before us, frequent allusion is made to this theory, and if the reader has not already met something bearing on the subject, he will be at loss to comprehend the meaning of those portions of the work where reference is made to the "cor-relation theory." Chapter 1 treats, then, "Of the general plan of organic structure and development." Chap. 2, "General view of the vital operations of living beings, and of their mutual relations." Chap. 3, "Of aliment, its ingestion, and preparation." Chap. 4, "Of absorption and imbibition." Chap. 5, "Of the circulation of nutritive fluid." Chap. 6, "Of respiration." Chap. 7, "Of the exhalation of aqueous vapor." Chap. 8, "Of nutrition." Chap. 9, "Of secretion." Chap. 10, "Evolution of light, heat, and electricity." Chap. 11, "Of generation and development." Chap. 12, "Of the sensible motions of living beings." Chap. 13, "Of the functions of the nervous system." Chap. 14, "Of sensation and the organs of the senses." Chap. 15, "Of the production of sounds by animals."

Look where we will throughout the universe we perceive phenomena no less varied than wonderful in their character. Deep in the interior of the earth we inhabit—on its wide surface, and in the atmospheric stratum that surrounds it—in the systems of worlds whirling through illimitable space, even to those nebulous masses that mark the present boundary of human inquiry in that direction,—results are constantly occurring, which man has been led to refer to operating causes. Whenever these results are constant and invariable, certain determinate circumstances being present, the cause is termed a *force*. Force, then, is an abstract idea, and the term stands the representative of that *something* which the mind recognizes as the active agent in the production of phenomena already familiar to it. Nature has ever been a favorite study with man. He could not, as he increased in years and the powers of his mind became evolved, remain insensible to the endless manifestations of the beautiful that exist throughout nature's wide domain. Nor could he view unmoved many of the startling changes that were ever taking place around him. For ages, however, the causes of these beauties and harmonies which delighted his senses, and the changes which filled his mind with astonishment, and frequently inspired him with awe or terror, were a sealed book to him. It was not until facts had been accumulated by the patient and persevering searchers into the more interior arcana of nature, and by a process of inductive reasoning from the knowledge thus accumulated, that he arrived at those more enlarged views of natural phenomena which obtain at the present day, And even now the study progresses. New views relating to matter and the forces which operate through matter are being worked out by the philosophic mind of the nineteenth century. Truly has it been said, by Baron Humboldt, the scientific Nestor of the day, that, "In considering the study of physical phenomena, not merely in its bearings on the material wants of life, but in its general influence on the intellectual advancement of mankind we find its noblest and most important result to be a knowledge of the chain of connection by which all natural forces are linked together, and made mutually dependent upon each other; and it is the perception of these relations that exalts our views and ennobles our enjoyments."

Up to the present, as our readers are aware, the phenomena of heat, light, electricity, &c., have been treated of by writers on natural philosophy under the designation of "Imponderable elements and Immaterial matter;" whilst chemical affinity, gravitation, attraction of cohesion, &c., were acknowledged as forces inherent in, and acting on, ponderable matter; and motion was looked upon as the resultant of some force overcoming the *inertia* of matter, Now, however, there is a tendency, exhibited by philosophers, to regard all these, motion not excepted, as so

many forces, either the manifestations of one and the same power, or, at least, having mutual relations, and capable of reciprocally giving origin to each other. Among the first to enunciate this opinion, was Professor Faraday, one of the most profound thinkers and successful scientific investigators of the age; and Baron Humboldt, in his "Cosmos," thus distictly adverts to it:—"The history of the recognition of the universe is wholly different from the history of the natural sciences, as given in our elementary works on physics, and on the morphology of plants and animals. This is our conception of the history of the *unity of phenomena, and of the reciprocal connection existing amongst the natural forces of the universe.*" Other physicists, English as well as Continental, spoke in terms no less decided in support of the same views; but, until the appearance, in 1846, of a pamphlet entitled, "Cor-relation of Physical Forces," by Prof. Grove, comparatively little had been done to systematise the subject. In this work the writer combats for the indestructibility of force, showing that when it ceases to be manifested in one form, it is developed in one or more different forms; he expatiates at some length upon the nature of the reciprocal relations which forces maintain each to the other, and satisfactorily substantiates the correctness of that view which regards motion as a force, cor-relative with all other physical forces; a view, indeed, of which he is the originator. We shall now exhibit, as briefly as possible, the cor-relation of the physical forces, taking the phenomena of motion and heat to illustrate it.

That motion arrested, and ceasing to exist as such, is capable of producing heat, and that the amount of heat developed is in a direct ratio to the obstruction presented to motion, are facts made familiar to us from the frequency of their occurrence in our daily experience. Every untutored savage knows full well that forcible friction of two dry sticks (for friction is nothing more than retarded motion), if long enough continued, will set one or both on fire. Every machinist is aware of the necessity that exists for oiling the opposed surfaces of heavy machinery while in motion. He knows that if motion be not facilitated in this way, heat is generated to such an extent as to place any combustible substance, or even the wooden material in the vicinity, in considerable danger of ignition. Count Rumford states that in boring a brass cannon, the borer making thirty-two revolutions in a minute, with a pressure of 10,000 pounds, sufficient heat was excited to boil eighteen pounds of water, in which it was immersed in two-and-a-half hours; and his experiments go to prove that bodies never cease to give out heat so long as friction be continued. According to Berthollet, in the act of percussion heat diminishes as a diminution of bulk takes place in the body struck. He submitted a piece of copper to the stroke of a coining press, and found that

at the first stroke 17 degrees Fahrenheit of heat were evolved, at the second 7 degrees, whilst the third produced but 2 degrees; thus proving the truth of that which we have already stated, viz.: the amount of heat generated bears a certain proportion to the amount of resistance offered to motion.

Excitation of electricity may be readily produced by rubbing a stick of sealing-wax with a silk cloth, or a dry glass tube with brown paper, or woollen cloth covered with an amalgam of tin and zinc; but, as yet there has been no determination of the ratio in which electricity has been developed in different bodies by retarded motion. "As a general rule," says Prof. Grove, "it may be said that the development of electricity is greater when the substances employed are broadly distinct in their physical and chemical qualities, and more particularly in their conducting powers; but up to the present time, the laws governing such development have not been even approximately determined."

The electric spark; the flame produced by the rapid and forcible friction of two sticks, are examples of light produced by the retardation of motion.

The manner in which the force motion is succeeded by chemical affinity is exemplified in the lighting of a match and the explosion of a gun cap. The former is prepared with phosphorus, and the latter contains fulminate of mercury; and the ignition of the one, and the explosion of the other, are owing to the destruction of the existing chemical combinations and the formation of new ones. The ammoniacal oxide of silver, and the chloride of nitrogen, violently explode upon the slightest touch.

Thus we see that motion, when it ceases to exist as such, originates, according to various determining circumstances, one or more of the physical forces; and the "cor-relation" existing between them may be easily established, by shewing that the different physical forces are capable of reciprocally exciting the force of motion. Thus, then, the vibration of the pendulum; the divergence of the electrometer; the propulsion of a cannon ball, and the deflection of the magnetic needle, are all movements produced by the operation of physical forces.

According to Dr. Black's theory of latent caloric, which has too often been looked upon as an important truth in thermotics, instead of a mere hypothesis, all bodies contain a certain amount of heat existing within them in a dormant or latent condition; that is, independently of the heat by which the senses are affected, and which is detectable by the thermometer in its passage from one substance to another, there is heat in all bodies inappreciable to the senses, undetectable by the thermometer, and supposed to be chemically combined with them. Thus, if equal

weights or equal bulks of *similar* substances varying in temperature be mixed together, the heat of the resulting substance will be the arithmetical mean of the temperatures of the substances mixed; but, if the substances employed *differ* in their nature, the result will be different. If, for instance, two equal portions of water, one standing at 60, the other at 40 degrees Fahrenheit, be mixed together, the temperature of the mixture will be the mean, or 50 degrees; but, if one pound of mercury at 160 degrees be mixed with a pound of water at 40 degrees, the mixture will exhibit a temperature of 45; so that the 115 degrees lost by the former, increase the heat of the latter by 5 degrees only. Again, to convert any given quantity of water at 212 degs. into steam at 212 degs. an amount of heat is required sufficient to raise the temperature of the water, did it remain in the liquid form, 950 degrees; and in the reduction of vapour at 212 degrees to water at 212, the 950 degrees employed in its production are given out again. On facts such as these was based the theory of latent heat. All the phenomena, however, are quite as explicable by the "cor-relation" doctrine, as by that view which imposes on us the necessity of admitting the unmanifested existence in matter of something whose presence is known to us only through its manifestations. In the vaporization of water, according to the "cor-relation theory," there is a conversion of heat into mechanical force; and conversely, in the reduction of steam to a fluid condition, the mechanical force is changed into heat. The disappearance of caloric when heated mercury and water are mixed together, may be accounted for by the generation of mechanical force, and possibly by the excitation likewise of electricity and chemical affinity. In the phenomena of the conversion of a solid into a liquid, and a liquid into an æriform body, a change produced by the separation of the particles of matter through the agency of heat, we have ample evidence of the power of force-heat to originate motion.

That heat produces light is a fact so obvious to all, it would be merely superfluous to adduce anything in proof. Indeed, there is so marked an analogy between them, it becomes a question whether they are not different modifications of the same force, rather than two distinct forces cor-relative to each other.

The operation of heat in the excitation of electricity, was first noticed in such minerals as tourmaline and boracite, in which the electrical equilibrium is disturbed by the application of heat; but Prof. Seebeck, of Berlin, discovered, in the year 1821, that when two different metals, as bismuth and antimony—platina and iron, or copper and mercury, are soldered together, and heat applied at the point of junction, a current of electricity is immediately developed. Prof. Cumming, of Cambridge,

Prideaux, Becquerel, and other philosophers, have followed Seebeck in his investigations, and we now know, that for the production of thermo-electric currents it is not requisite that the metals should be dissimilar; and that the intensity of the current is greatly augmented by combining, as in the Voltaic pile, a series of alternations of two metals, as platina and zinc, or bismuth and copper. The most delicate thermoscope known, consists of a bundle of 36 short and slender bars of bismuth and antimony, having their alternate ends soldered together. The mere approximation of the hand to such a bundle, if one of the faces be blackened, excites a very perceptible current of electricity.

Heat, either directly or indirectly, plays a very important part in the production of chemical affinity. Many substances will remain in close contact to each other without evincing the slightest disposition to unite, so long as their affinities be not brought into operation by the intervention of heat, or some other force. Thus, the two gases, hydrogen and oxygen, will remain diffused through each other in the same vessel, maintaining a perfect distinctness at ordinary temperatures; but, if any substance in a state of ignition be introduced, their affinities are at once brought into play, chemical union takes place, and the formation of water is the result. In a communication to the Royal Society, Prof. Grove has shewn that water may be resolved into its constituent gases, by plunging into it an intensely ignited piece of platinum, iridium or silica; and Mr. Robertson has found that the temperature at which this is effected is —2386 degrees.

That heat is cor-relatively excited by the other forces can be easily shewn. We have already adduced sufficient proof of the power of motion to originate heat. Chemical affinity, when excited, is invariably attended by the evolution of caloric; or, in other words, is succeeded by the force heat; as when sulphuric acid and water are mixed together, and whilst coal or wood is burning. By transmitting a sufficiently powerful discharge of electricity through a piece of fine wire, it will undergo combustion; and, according to the experiments of Sir Snow Harris, metals are heated by the electric discharge, in a distinct ratio to their conducting powers. Light commonly produces heat, and so forth.

We might thus take up the phenomena of magnetism, light, electricity, &c., and point out instances in which these forces operate in producing, or are succeeded by, the several other physical forces. Enough, however, has been said to give our readers an insight into the nature of the relations of different modes of force, and the peculiarities of the views propounded by the originators of the Cor-relation Theory.

We shall now examine into the relations existing between the physical and vital forces. Vital forces may be defined, simply:—Forces

which operate in producing the various phenomena *peculiar* to organized or living beings, and which cannot be referred solely to the agency of the physical forces. These phenomena are growth, developement, assimilation, sensation, voluntary motion, &c. All organized bodies, no matter how complex soever they may be in their structure, have their origin in neucleated cells. There is no appreciable difference between the germ of the lowest vegetable and that of the highest animal. The simple cell may be regarded as the type of organization; and in the development and multiplication of cells, we have an exhibition of vital action in its simplest and least complicated form. In the development of a cell, the germ, by the exercise of that power to which the term vital has been applied, attracts to itself the nutrient particles of the substances by which it is surrounded, elaborates them into certain proximate principles, by the incorporation of which into its own structure, it increases in size. Shortly, the cell wall, a transparent, homogeneous membrane; and the cavity, containing a fluid either limpid and transparent, or varying in tint as the case may be, become apparent. The process of assimilation goes on—the cell enlarges, and the fluid in its interior, heretofore apparently homogeneous, now exhibits a finely granular appearance. The minute granules aggregate and form molecules of a larger size, which adhere to the side of the cell wall, from which, however, they soon become separated. After a time, rupture of the cell-wall takes place, the numerous molecules are set free, and become in their turn the elaborators of new cells. In some instances, however, complete development of cells occurs within the parent cell.

If we look now to the vegetable germ, we find that, to exhibit the series of phenomena which we have mentioned, certain conditions are absolutely demanded. These are, that the germ be exposed to the influences of Heat, Light, and Moisture. The flowerless plants belonging to the fresh water Algæ, being composed of cells which have an independent existence, afford the best study of cell-life, and the effects of extraneous influences in determining and continuing such life. The germ of the *Hæmatococcus binalis*, or any other of the Algæ, when exposed to light, at a certain temperature, manifests vital activity by absorbing from the water in which it is situated carbon, nitrogen, hydrogen and oxygen; and by the arrangement of these constituents into combinations, which it assimilates into its own structure, and which serve, not only for its own sustentation, but also, for the production of new cells. The carbon is obtained from carbonic acid, and the nitrogen from ammonia; which chemical compounds are destroyed by the vital power operating through the material of the germ, and subsequently of

the entire cell. Here, then, we have in the conditions necessary to the germination and growth of a vegetable, an exhibition of the very important part which physical forces have in the production or origination of the vital force. Omit the stimuli, as they have been heretofore called, of light and heat, and no manifestation of vitality will take place; or, as the advocate of the correlation theory would say, the forces, light and heat, are succeeded in the germ by vital force, and in the absence of the former there can be no manifestation of the latter. Heat and light received the name of stimuli from the supposition that in seeds of various kinds, vitality existed in a *latent* or *dormant* condition. This supposition being based on the fact, that seeds may be kept for an indefinite period, even for ages, without evincing any signs of vitality, and yet germinate when placed in favorable circumstances, and acted on by light and heat. In the *Jardin des Plantes*, of Paris, seeds obtained from the cerements of Egyptian mummies, which must have lain there for thousands of years, germinated when placed in the soil, and ultimately yielded increase. And after the great fire in London, in 1666, so luxuriant was the growth of a cruciferous plant, the *Sisymbrium Iris*, of Linnœus, that almost the entire surface of the burnt district was covered with them.

According to the new ideas, however, there can be no such thing as "dormant life," or "latent vitality." As we can judge of the presence of life only by observing *changes* to ensue in the body observed, *change* becomes an essential in our idea of life. To talk, then, of *dormant life* in a seed, is to say, that changes are going on in a body, where no change is taking place, which to say the least, is a very palpable contradiction. For the manifestation of vital action in seeds or plants, certain determinate physical conditions are required. So long as these conditions remained unaltered, there will exist *the proper and necessary* substance for vital force to manifest itself through, when originated by the operation of the forces, heat and light; and the *only* form of matter in which these forces can be succeeded by vital force. In the seeds, then, which have germinated after lying inactive during the lapse of some centuries, there is not a waking up of something already existing in the seed; but there is the development of vital force, by the action of heat, light, and so forth, the necessary physical conditions having remained undisturbed for so long a period in the seed.

(Conclusion in our next.)

VIII.—*On the Surgical Treatment of Morbid Growths within the Larynx, illustrated by an original case, and statistical observations, elucidating their nature and form* By GURDON BUCK, M.D., Surgeon to the New York Hospital. Pp. 28.

The contents of this pamphlet formed the subject of a communication presented to the American Medical Association, at its session of 1853. The case, that of a female, aged 51, which forms the basis of Dr. Buck's remarks, exhibited the following symptoms:—"She was suffering from obstruction of the larynx, attended with great dyspnœa and complete loss of voice. Her aspect, as she was seated in her chair, was that of a person in perfect health, with a florid countenance and rather corpulent condition of body. Her breathing was sonorous and labored; inspiration evidently requiring greater effort than expiration; her voice could not be raised above a whisper. She was unable to perform the act of snuffling or to expel air through the nostrils, which was a source of very great annoyance to her. Deglutition was easy, except when she attempted to swallow liquids rapidly, and then the dyspnœa was increased. The larynx was the seat to which all her trouble was referred. Sometimes she described her sensations as if a lump obstructed her throat; sometimes as if a ruffle rose and fell alternately in the larynx; at other times the account she gave of her sensations was vague. The dyspnœa was aggravated by whatever tended to produce excitement, and the approach of evening exerted a marked influence in causing an exacerbation of the symptoms. In the recumbent position she always required her head to be raised by extra pillows. Hoarseness, which was the earliest symptom observed on the onset of this ailment, had gradually resulted in complete extinction of the voice. For more than a year the aphonia had persisted, unaccompanied by dyspnœa.

"On inspection, the epiglottis was ascertained to be free from swelling, and in a healthy condition.

"Exploration with the finger could detect no swelling or other morbid change at the orifice of the larynx. The fauces and pharynx were red and congested, but not swollen. Compression of the larynx externally augmented the dyspnœa, and produced a very disagreeable feeling. The patient had always enjoyed good health previously, and still continued to do so, with the exception of her local ailment.

"A strong solution of nitrate of silver had been applied to the larynx, and irritants externally to the front of the neck, in conjunction with other treatment, but without any benefit."

Dr. Buck, having diagnosed morbid growths within the larynx, proposed an operation for their removal. This was at first declined, but the dyspnœa increasing in intensity and suffocation becoming imminent,

the patient finally consented. The operation was performed, April 30th, 1851, in the following manner:—"The patient was seated before a window in a low arm-chair, with the head thrown back, and the front legs of the chair raised about three inches upon blocks. The neck being short and fleshy, the notch of the thyroid cartilage could only be obscurely distinguished by the touch. From this point an incision of four inches in length was made, along the median line downwards, dividing the skin and subjacent tissues, till the cartilages of the larynx and the three upper rings of the trachea were laid bare—the latter being effected partly by lacerating, and partly by pushing downwards the isthmus of the thyroid body with the handel of the scalpel. After the hemorrhage had entirely ceased, the crico-thyroid membrane was incised, and the incision continued upwards in the mesian line with the utmost precision through the whole extent of the thyroid cartilage; at the moment of penetrating the larynx, air rushed in with a whizzing sound, and the voice became extinct. The thyroid cartilage being ossified, the division was made with strong scissors, curved edgewise. The section was then continued downwards through the cricoid cartilage, and the exposed rings of the trachea. The sides of the larynx were stretched apart with retractors, and brought into view its cavity, lined by growths attached to its lateral walls.

"On the left side, two or three granules, half the size of grains of rice, hung pendulous from thread-like stalks. The remainder of the tumour was attached by a broad base, partly concealing the ventricle, and extending higher up upon the wall of the laryngeal cavity. The entire extent of the growth could not be traced, owing to the deep situation of the larynx, and the limited extent to which the sides could be separated from each other. Several portions of the tumour were snipped away, and, in cutting them, their substance appeared to be of a firm consistence, not unlike condylomata.

"The hemorrhage from these incisions was of short duration, and was mostly prevented from flowing into the trachea by stuffing pieces of sponge, held by the forceps, into the open larynx, and keeping them there for a short time. A good deal of time was necessarily consumed in accomplishing this partial removal of the tumours, and the patient was much fatigued by the coughing excited by the flow of blood into the trachea. The flattened form of the tumours, and the breadth of their attachment, together with the depth of their situations, and the narrowness of the space within which the manipulations had to be performed, proved to be insurmountable difficulties, rendering the entire removal of the disease impracticable. It was therefore decided to suspend farther attempts for the present. A portion of the two upper rings of the tra-

chea was removed on either side, in order to lodge the trachea-tube, which was introduced and secured in place by a tape passed round the neck. By this arrangement, respiration was rendered perfectly easy and comfortable. The patient displayed the most remarkable courage and firmness throughout the whole of this very difficult and protracted operation. When visited the same evening, considerable oozing of blood was found to have taken place from the lower angle of the wound, and the viscid secretion, expectorated through the tube, was also stained with blood. Her respiration continued easy."

The relief obtained from the operation was great, but not permanent. A second and third operation were performed, and the patient died on the 3d August, 1852.

XIX.—*The Principles of Animal and Vegetable Physiology:* a popular Treatise on the functions, and phenomena of organic life. By J. Stevenson Bushnan, M.D., Physician to the Metropolitan Free Hospital, &c. With One Hundred and Two Illustrations on Wood. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Pp. 234.

This book ends with these words—"Truly did Galen say—'The study of physiology is a hymn in honor of the Deity.'" This is assigning to Galen what he never thought of: this man—who, for 1300 years, held back medical opinion; on a memorable occasion, after having brought to a close an undertaking in which he had been engaged, and while reflecting over what he had observed, burst out into a most truthful strain, in which his feelings were well expressed—an anatomical description was the most fitting hymn man could utter in adoration of his Creator. However, perhaps, the author thinks about that time there was so little difference between the two sciences, that when one was mentioned the other might be understood to be meant! We are not to be supposed as by any means objecting to the study of physiology being considered as equally fitting to incite our veneration, humility, and thankfulness, as the description of anatomy, but we only wish to set the author right concerning a matter of history. We most fully feel the truth of the character given to the Science in the above quotation, and we think it ought to be a sufficient inducement for persons generally to make themselves masters of it. Our lay friends can have no better little guide than Dr. B.'s principles.

CLINICAL LECTURE.

Clinical Lecture on Fever-Hepatic Complications. By Dr. Gordon, Physician to Hardwicke Fever Hospital.

(Dublin Hospital Gazette.)

All writers on hepatitis seem agreed in enumerating it as among the consequences of fever, intermittent or continued.

Perhaps the most frequent affection of the liver met with, as a concomitant or consequence of fever, is general congestion of the organ. Its immediate cause most usually is some grievous error of diet, and frequently both of quantity and quality. The regulation of a patient's diet, when recovering from fever, is a matter of the greatest importance; the cravings for food are often most inordinate, and people otherwise most rational are often unable to control them. As a general rule, some form of farinaceous food may be given early in the morning, and repeated every four hours through the day. When meat is allowed, it ought to be given not later than one or two o'clock, and the interval between it and the next meal should be somewhat longer than usual. Whatever exercise the patient is allowed to take, should not be taken soon after this meal; he should rather be encouraged to absolute rest or repose. Undue exercise after a hearty meal, as well as over-distention or stimulation of the stomach, induces a congested state of the liver, which is recognized by the following symptoms:—great weight and fullness in the right hypochondriac and epigastric region, with some tenderness on pressure; alternations of nausea and desire for food; thirst, yet a feeling of oppression or fulness produced even by a drink of water, but much more by wine or malt liquors, particularly if in a state of effervescence; another symptom almost invariably present is, enlargement and distention of the hæmorrhoidal veins. Of course we seldom have an opportunity of witnessing the actual condition of the liver in this affection, but we have no reason to suppose it to be different from what we observe in the ordinary forms of congestion of the liver, from disease of the heart, or other cause, preventing or delaying the return of its venous blood.

Great relief is usually obtained from the recumbent posture, and the application of a few leeches to the enlarged hæmorrhoidal veins, which may be repeated as often as is necessary. The bowels are usually constipated, and are best relieved by a few grains of blue pill and dried soda at night, followed by small doses of sulphate of magnesia in the morning, dissolved in a large quantity of boiling water. A wine glass full of bitter infusion, as quassia or columba, with orange-peel, about half an hour before dinner, will generally be found of great advantage. Hepatic congestion, if neglected, is very likely to terminate in chronic hepatitis.

Organic lesions of the liver are a very rare complication of the fever in this country. We have seen abscesses of the liver in this hospital sufficiently often to require its enumeration among these complications or sequelæ. They occur under three different circumstances:—

First.—As an immediate consequence of phlebitic inflammation.

Sophia West, aged 28, a servant, was admitted into the Hardwicke Hospital, January 18th. After washing the clothes of a fever patient, and the room in which he had slept, she was attacked with rigors, and the usual premonitory symptoms of fever. She became maculated, and the general febrile symptoms were of a very low type. On the fourteenth day she complained of diarrhœa and great debility. On the fifteenth, pains through all her body, referred principally to the joints.

Sixteenth day.—Diarrhœa continues; tongue brown and dry; pulse 120, small.

Eighteenth day.—Pain on moving her arms or legs greatly increased.

Nineteenth day.—Inflammatory patches of a darkish red hue have appeared on the occiput, right elbow, wrist, and hand; pulse irregular, very weak; diarrhœa has ceased.

Twentieth day.—Patient delirious through the night; the inflammatory patches appear of a paler red; additional ones have appeared on the left elbow and wrist, and on the sacrum; tongue and teeth black with sordes. Patient lies apparently insensible, with her eyes closed.

Twenty-first day.—Pulse 132, very weak, not so irregular; excessive insensibility.

Twenty-second day.—Died at 10 A.M.

In the several inflamed joints was found thin sero-purulent matter, which existed also in the sheaths of the extensor tendons of both forearms. The synovial membrane of the different joints was inflamed; the lower lobe of the left lung was solidified, it was of a very dark colour, apparently from sanguineous engorgement, but was hepatized, and a section of it sunk in water. The liver was somewhat enlarged and congested; numerous small abscesses were found in its surface and in its interior, they were very minute, surrounded by a hardened base, and not unlike softening tubercles; in several of them pus could be distinctly traced into a communicating vein. Abscesses in the liver, as a consequence of suppurative phlebitis, are of very frequent occurrence; when arising in the course of fever, they seem to differ from the ordinary traumatic form only in being more rapid in their progress, and the patient being less sensible of pain or any other annoyance in this viscus.

Secondly.—With regard to abscess of the liver as a consequence of the typhoid inflammation and ulceration of follicular enteritis, we must agree with Chomel, who observes upon it, as an extraordinary fact, how rarely abscesses of the liver are met with in fever, considering the great frequency of intestinal ulcerations. Budd also remarks:—"I have never seen abscess of the liver noticed in conjunction with ulcerated intestine in fatal cases of typhoid fever. This fact is very striking, when we consider how prevalent and fatal typhoid fever is; how generally it is attended with extensive ulceration of the bowels; and how attentively all the morbid appearances in this disease have been observed and recorded of late years in this country and in France."

One such case, however, occurred in this hospital not very long since. Mary Ryan, a servant, æt. 29, was sent from Jervis-street Hospital to the Hardwicke, on the 11th of March, 1853, the fourteenth day of her fever. The chest and abdomen were covered with a raised lenticular eruption; she was greatly prostrated; pulse 124; respiration 30; slight

abdominal tenderness, confined to right iliac fossa; great thirst. The fever was complicated with bronchitis of the smaller bronchial tubes. On the twenty-eighth day some diarrhœa set in, her tongue became dry and black; she lost all appetite for drink; the diarrhœa was controlled, but returned. She continued to sink, and died on April 3rd, the thirty-seventh day of her illness.

The lungs presented the usual anatomical evidences of capillary bronchitis; they were not otherwise diseased.

The heart, spleen, and kidneys were in the normal state of health.

The liver appeared large; it was greatly softened, particularly the right lobe, which contained a large abscess, filled with sero-purulent matter, not encysted; it might have held a hen egg; the hepatic substance around it was almost in a state of putrilage. The stomach, upper part of the intestinal canal, and the large intestine, were not diseased, but the ilium showed general vascularity and extensive ulceration. Both orders of glands were greatly developed, and there were several oblong patches of ulceration, all, however, more or less superficial.

There is no morbid condition of the liver more frequently found in post mortem examinations of patients who have died of fever than softening or remollissement of this organ. It can scarcely be called a complication, for it does not seem to possess any peculiar symptoms. Louis found it in nearly one-half of his recorded examinations. Its termination in abscess is, however, exceedingly rare. What influence the glandular ulceration of the small intestine may have on it, we are not prepared to say; but it is beyond doubt, that abscess of the liver is produced by a dysenteric inflammation of the small intestine, as well as of the large. A well-marked case of this kindlie recorded in the London Pathological Transactions, by Dr. Hare.—(Vbe) Lon. Path. Trans., vol. iii., p. 349.)

But while we acknowledge T:ess of the liver to be a rare complication of follicular enteritis, we *know* not unfrequently seen it among the sequelæ of our ordinary typhus maculated fever. So that we may reckon—

Thirdly—Abscess of the liver as a complication of typhus fever, when there is no ulceration of the intestine to cause it, and unconnected with phlebitic inflammation.

Margaret Bradley, æt. 18, was admitted into the Hardwicke Hospital, April 23rd, 1853, in an advanced state of typhus fever. She was extensively maculated; her pulse 124, very feeble; tongue brown and dry; complained much of cough and weight on the chest. She had the usual evidences of bronchitis of the large bronchial tubes.

On the fifteenth day the maculæ had almost disappeared, the bronchitis had altogether subsided, and the usual signs of amendment were progressing, when she suddenly began to complain of chilliness, rigors, pain in the abdomen, nausea, and loss of appetite; refused beef-tea, wine, and other nutriment which she had been taking, and of course became rapidly debilitated.

On the 5th of May, she was suddenly attacked with pain in the abdomen, referred to the umbilicus, and followed by diarrhœa. The discharges were frequent, consisted of purulent matter mixed with blood, and were passed without any pain.

Turpentine fomentations to the abdomen.

Pills of acetate of lead and opium; one every three hours.

May 7th, diarrhœa controlled; pain in the abdomen increased; nausea, occasional vomiting, alternations of chills and heat, followed by perspiration.

Sulphuric. acid. min. xv. ter in die.

8th.—Perspired profusely last night.

9th.—Diarrhœa returned; comes on in paroxysms, without any pain; four or five stools in rapid succession, then a long interval, with frequent fainting sensations, and cold clammy feel of skin.

10th—Frequent chills, followed by great flushing of the face, and general morbid heat.

11th—Œdema of lower extremities; profuse cold perspiration; patient is daily becoming weaker. She gradually sunk, and died on May 12th.

A careful post mortem examination showed that all the morbid phenomena were confined to the abdominal viscera. The liver was large, of a bright red colour; a section of it showed the right lobe to be extensively studded with abscesses of various sizes. The largest was two inches long, with a diameter of one inch: there were four or five about this size, the remainder were very small. They all contained reddish purulent matter, but several seemed only half filled; there were many of them close to the convex surface, yet the capsule was scarcely even rendered opaque; there were none of the anatomical evidences of inflammation of the serous membrane. One or two abscesses appeared on the point of giving way; they were gradually acuminating by a small yellow pustule, and the hepatic surface around was exceedingly dark, forming a remarkable contrast with the general bright red appearance of the liver; these were not encysted, but the margins of many of them were very sharp and defined. The colon was exceedingly vascular, but not ulcerated; there were one or two abrasions of the mucous membrane, but there was no thickening or elevation of the mucous membrane around them, nor was the submucous cellular tissue anywhere exposed. There was matter lying in the colon similar to what was found in the abscesses of the liver, and similar also to the diarrhœal discharges of the patient.—(Museum, Richmond Hospital.)

The constitutional symptoms in this case left no room for doubt as to the existence of an internal abscess; and the strong presumption was that the liver was the seat of its existence, although some very decided symptoms were absent. The abdominal pain and tenderness were general, not confined to the hepatic region; there was no pain in the shoulder—no tension or rigidity of either or both of the recti abdominal muscles; there was no jaundice—no fullness or projecting tumour in any part of the abdomen; in fact, there was not such a collection of symptoms as to warrant making any preliminary incision or eschar of any kind over the liver. The degree of inflammation of the colon which existed is worthy of observation. We cannot imagine, for a moment, that the enteritic complication was the first organic mischief which occurred in this case. The patient was, for several days, complaining of nausea, rigors, and other symptoms of internal suppuration, when, on the 5th of May, diarrhœa suddenly set in. The character of this diarrhœa was very pecu-

liar, and it preserved these peculiarities throughout;—it came on suddenly after nausea, or an increased sense of fullness in the abdomen; it consisted of four or five evacuations passed in rapid succession, and then a perfect interval of rest, with great increase of debility, but relief to all the other symptoms; it was, in fact, a true enteritic catarrh, and was analogous to the paroxysmal cough, which occurs in the same disease, or in empyema, when a vicarious secretion of purulent matter is effected by means of the bronchial mucous membrane. The nature of the discharges was also peculiar: with these paroxysmal evacuations, there was seldom any feculent matter passed, but a quantity of reddish, seropurulent matter, of a horribly offensive odour. The case, then, was clearly one of typhus fever, immediately succeeded by abscesses of the liver, in which, as in the cases detailed by Dr. Mouat, in the Report of the Regimental Hospital, Bangalore,* there was a vicarious discharge of purulent matter from the mucous surface of the colon; the irritating nature of the matter thus discharged caused the superficial ulceration of the mucous membrane which was observed.

THERAPEUTICAL RECORD.

(*Nashville Journal of Medicine and Surgery.*)

Prevention of Cholera.—Forewarned, forearmed! Observe cleanliness! Unhealthy articles of diet, unripe fruit, exposure to the weather, and immoderate labor should be avoided at all times, but more particularly when cholera prevails. Take no nostrums—take a doctor. Medicines, miscalled cholera *preventives!* are cholera *incentives!—N. O. Med. and Sur. Jour.*

Chronic Urticaria.—A severe case of this eruptive disease was lately successfully treated by Mr. Startin, at the Hospital for Skin Diseases, London, in the following manner. ℞. Quin. disulph., gr. xij.; am. sesquicarb., ʒj.; magnes. carb. ʒss.; aq. pur. ʒviij.—Ft. mist. A tablespoonful to be taken thrice daily.

The quinine in this formula is undissolved, and is held in suspension by the magnesia. Mr. Startin advises the use of dilute nitric acid to relieve the itching as being equally efficacious as the hydrocyanic acid, and much less expensive.—*Virg. Med. and Surg. Jour.*

Lupus—treated with Mercury and Cod Liver Oil.—This obstinate disease has been treated successfully by the London medical profession, with combinations of mercury and cod liver oil in small doses often repeated.

The plan of counteracting the depressing effects of a mercurial course for the cure of syphilis in cachectic constitutions, by combining the cod liver oil in moderate quantities, is worthy of notice.—*Ib.*

Scrofula—Iodide of Potash combined with Carb. Ammoniæ.—An opinion prevails at Guy's Hospital, that the efficiency of iodide of potas-

* Med.-Chir. Review, 1838.

sium is much increased by combining it with the carbonate of ammonia. The proportions usually observed are two to three grains of the iodide, with four or five of the ammonia.

The ammonia acts as a gentle stimulant to the stomach, preventing the iodide from disagreeing; also, by the chemical decomposition itself being changed to nitric acid, and then by combination with the base of the salt, liberating the iodide in its free form.—*Ib.*

Treatment of Vascular Opacity of the Cornea.—Mr. Critchett, of the Royal Ophthalmic Hospital, recommends the use of setons and other permanent issues in vascular opacity of the cornea of long standing, and in subjects of cachectic condition. He declares the use of mercurials, depressants, frequent leeching, &c., only aggravates the disease.

His treatment consists in making an issue in each temple and keeping it often for some months, at the same time allowing a generous diet, and even exhibiting tonics.—*Ib.*

Transparent Cement.—According to Leuher's Belgique Industrielle, this may be prepared by dissolving 75 parts of caoutchouc in 60 parts of chloroform, and adding to the solution 15 parts of mastic.—*Ib.*

Erysipelas—its best External Application.—The Boston Med. and Surg. Journal thinks that Cyanuret of Potassium in from half to two drachms, to one pint of water, is a most useful, if not the very best, local application for erysipelas.

To Remove Lunar Caustic Stains on the Skin, Linen, &c.—Take 1 drachm of cyanuret of potash to 1 ounce of water, and wet the spots. They will be removed in a few minutes by this solution.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

THE LAST MEDICAL SCHOOL BILL.

Shortly after the incorporation of the "Montreal School of Medicine and Surgery," that body saw fit to present their students, for the sum of fifteen dollars, with a parchment document, which they were pleased to term "a diploma." This procedure, if not in direct contravention to the requirements of the act of incorporation, was certainly not provided for in the bill as it eventually passed both Houses of the Legislature. The power, however, to grant diplomas, was sought by the framers of the original bill; and had not the Legislative Council arrested it in its passage, and modified a clause which very modestly *assumed* the right of the corporation to issue "diplomas, certificates or testimonials," they would have had, even from the commencement, a legal right to do so. During the present session of Parliament, they have made another effort

to obtain this privilege. The following bill, entituled—"An act to amend the act incorporating the Montreal School of Medicine and Surgery," was recently brought before the House by Dr. Valois, and ordered to be read a second time:—

Whereas in consideration of the great usefulness and high character of the Montreal School of Medicine and Surgery, it is expedient to amend the Act passed in the eighth year of Her Majesty's reign, and intituled, "An Act to incorporate the Montreal School of Medicine and Surgery;" be it enacted, &c., as follows:—

I. For and notwithstanding anything in the said act, no member of the Corporation by the said act established, shall be considered as having ceased to be a member thereof by reason of his having become a permanent resident out of the city of Montreal, nor shall it be necessary to appoint another person in the stead of such member; and the said corporation may appoint so many professors for instruction in the different branches of medical science in the said school, not being at any time less than eight in number, as they shall deem expedient.

II. The sixth section of the said act shall be and the same is hereby repealed; and any student in medicine who shall have attended courses of lectures in the said School of Medicine and Surgery, on the various branches of medical science mentioned in the twelfth section of the act passed in the session held in the tenth and eleventh years of Her Majesty's reign, and intituled: "An act to incorporate the members of the Medical Profession in Lower Canada, and to regulate the study and practice of physic therein," shall, after an examination, which shall be public before the professors of the said School of Medicine and Surgery (five of whom shall form a quorum for holding the said examination) receive, if he be deemed duly qualified, a diploma from the said School of Medicine and Surgery, and thereupon be entitled to receive a license from the Provincial Medical Board without being required to undergo any examination before the said Board; anything in the act last above mentioned, or in any other act or law to the contrary notwithstanding.

The objections to the above bill are so well set forth in a petition, numerously signed by the profession in Montreal, and presented in opposition, we give it in preference to any additional remarks of our own:—

PETITION.

We, the undersigned Physicians, practising in the City of Montreal, interested in the standing of the medical profession, beg leave to draw the attention of your Honorable House to a bill, recently introduced by Dr. Valois, entitled an act to amend the act incorporating the School of Medicine and Surgery of Montreal; and against which we earnestly urge the following reasons for the consideration of your Honorable House.

1st, That the effect of the passing of such a bill would be to confer on the School of Medicine, and all others that are or may be similarly established and incorporated, privileges restricted to universities whose curriculum is invariably far superior.

2nd, That while the privilege of conferring degrees ad practicandum

is guarded against abuse in universities by the supervision of a governing body, no such responsibility and check exists in ordinary incorporated schools.

3rd, That such a measure would inevitably tend to lower the standard of medical education, by unduly increasing the number of licensing bodies.

4th, That the only ostensible reason for obtaining this power to be specially granted to that school, on the plea of its being a French Canadian school no longer exists, inasmuch as the Laval University now affords to students speaking the French language all the privileges of University degrees.

5th, That the practical effect of second clause of proposed bill would be to enable a student to obtain a diploma to practise after two sessions attendance on lectures. That these sessions may be completed in 18 months, and that the law regulating the practice of medicine, 10 and 11 Victoria, chap. 26, which renders four years' study compulsory, would thereby be evaded.

Wherefore your petitioners humbly pray that your Honorable House will not sanction this bill, &c. &c.

MEDICAL HEROISM.

Men have long been accustomed to associate all ideas of heroism with exhibitions of mere animal courage. To plunge recklessly into the melee of deadly strife, and, amid the maddening excitements of roar of cannon, charge of cavalry, shouts of contention, and groans of the dying, to perform prodigies of valor by freely destroying human life, is to manifest qualities which nations and individuals delight to honor in their possessor. Thanks from the associated wisdom of a "grateful nation"—the highest titles and positions in the land—public ovations and a name in history, wait upon the successful military hero, the legalized, highly lauded, and intensely admired life-destroyer of the nineteenth century. War—war—"our voice," in the present day, "is still for war." And so will it ever be, as long as civilized nations, recreant to that Christianity which inculcates "peace on earth and good will to men," unite in placing the laurel on the blood-stained brow of him who wades deepest in the life-current of his fellows. The causes of this blind worship of glory, falsely called, are to be found in that innate covetousness, greed of gain, and desire for pre-eminence, which impel men, individually and collectively as nations, to wage destruction each on the other. Essentially barbaric in their nature, these influences are most potent among savage and semi-civilized communities. And there is no more certain evidence of a nation's advance in all that is ennobling to humanity, than a popular and earnest exhibition of a wish to live peaceably with all men.

Philosophers and philanthropists—the men of mind and men of heart—have, at all ages, however, recognized a species of heroism of vastly

higher character; but which the public generally have held in light esteem, and which has been scorned and laughed at by the mere mob, the *canaille* of the day. This heroism is not demonstrative—it has no bold and glaring points to arrest the attention of the beholder—it does not dazzle his eyes by its brilliancy—it is not accompanied by pomp and parade, the sound of the trumpet, the martial roll of the drum, the neighing of the war-horse—it is not clamorous for distinction, is not heard afar off, nor does it boldly intrude on the notice. Quietly, unobtrusively and perseveringly it pursues its course. Of such nature is that which we call Medical Heroism. When death stalks abroad in the land—when the pestilential breath of an epidemic breathes destruction in every household—when the wail of bereaved ones strikes fearfully on the ear—when the hearts of strong men, who would in time of excitement rush even to the cannon's mouth, fail them, and terror is depicted in every countenance, who is it that remains calm and unmoved amid all the dread and turmoil—that speaks words of encouragement and comfort to the fearful and downcast—that cheerfully toils day and night to relieve suffering humanity—who is it, in a word, that takes his life in his hand, and when friends forsake the couch of the plague-stricken one, fearlessly attends to his every want? Who? THE MEDICAL HERO. Oh! it is a noble sight, one that might engage the attention and command the admiration of beings superior to man, that of a physician engaged in the duties of his profession during the prevalence of a fatal epidemic. How the people, leaning on his every word, eagerly scan his countenance, and bless him for his unwearied care. Danger past, however, his arduous and benevolent efforts are all forgotten; and if, perchance, he should fall a victim to over-exertion, a martyr to a conscientious discharge of his duties, his very memory fades in a few brief days, from the recollection of those persons whose lives he has saved. No monumental marble is reared to stand the record of a people's sorrow for his death; no "storied urn" tells of his acts of bravery and untimely end; the historian's pen hands not his name down to posterity. Such is the ingratitude of man, and such the estimate he holds of *true heroism*.

SEMI-ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS, L.C.

Quebec, October 10, 1854.

The semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada was held this day in the City of Quebec. The following members were present:—

Dr. Holmes, President, in the chair; Drs. Frémont, Morrin, Valois, Peltier, Marmette, Boudreau, Weilbrenner, Michaud, Marsden, Sabou-

rin, Munro, Bibaud, Foster, Jones, Sewell, Campbell, Russell, Jackson and Landry.

The minutes of the last meeting held in Montreal were read and approved.

The Secretary read a letter from Dr. Von Iffland, begging to be excused for non-attendance on account of professional duties keeping him at Grosse Isle.

The Secretary placed before the Board the Diplomas of Messrs. Sharpe, Martin, Payne and Scott.

Licenses were granted to —— Sharpe, M.D., of Edinburgh, and to S. A. Scott, M.D. of McGill College.

A License was also granted to Mr. Payne, after an examination upon surgery, ; he having diplomas of medicine, pharmacy and midwifery.

Mr. Martin of Quebec petitioned the board for a license without examination. The Board was ready to grant the license if Mr. M. would conform with the requirements.

The Board proceeded to the election of two Governors, one for the District of Quebec, and one for the City of Montreal. Dr. Charest was elected for the District of Quebec, in the place of Dr. G. Miville De Chêne, deceased. Dr. Boyer was elected for the City of Montreal, in the place of Dr. Tavernier, who has left the Province.

The different Committees for examination were formed, and examinations proceeded with.

The following gentlemen, after giving satisfactory proofs of their medical education, received their licenses.

Messrs. Payne, A. M. P. Pepin, Ch. Buckley, J. B. O. Lanctot, Jacques Franchère.

The following were admitted to the study of medicine:—A. Petry, Ch. Faribault, A. Tétu, Draimville, D. Fontaine, Joseph Théberge, A. Givois, M. Turcot, Plamondon.

Dr. J. F. Wolff of Quebec, leaving for Europe, petitioned the Board for a certificate to prove that he had received a diploma as member of the College, which he has lost. The certificate was immediately granted. The Board then adjourned.

J. E. J. Landry, Secretary, District of Quebec.

Observations on Cholera.—Dr. Carroll has published a pamphlet of 76 pages, in which he enters very fully on the subject of cholera, as it appeared in Cincinnati in 1849-50. In different parts he takes up various disputed questions, and argues his views with considerable ability. He is a contagionist, and trusts almost solely to calomel in the treatment of the disease.

Circular of the Montreal School of Medicine and Surgery.—From this circular we learn that the number of students who have attended lectures at the School since its incorporation in 1845, is 298. "Cette Ecole," says the corporation, offre à l'étudiant des avantages égaux, pour le moins, à ceux des autres Institutiones du même genre en ce pays; ce sont:—

"1o. L'Hôtel-Dieu, Hôpital qui contient deux cents lits. On y reçoit les maladies les plus variées. Le service Chirurgical y est très riche en cas de toute nature et les étudiants ont occasion souvent d'y voir des opérations faites avec toute l'habilité désirable. Tous les Médecins de l'Ecole y font un service régulier pendant trois mois à tour de rôle.

"2o. L'Hospice Ste. Pélagie, où les étudiants, pour une faible rétribution en faveur du dit Hospice, sont instruits dans les manœuvres des Accouchements, et où tous les Médecins de l'Ecole sont, de droit, Medecins consultants.

"3o. La Prison de Montréal, où, grâce à notre dévoué Président, le Dr. Beaubien, Médecin de la Prison, les élèves reçoivent ses instructions nombreuses et savantes. C'est un champ rarement offert, surtout dans ce pays, pour s'instruire sur la médecin légale, la folie, et enfin sur toutes les maladies auxquelles l'homme dépravé est exposé.

"Cette Ecole possède en outre un Musée contenant un grand nombre de pièces pathologiques et de préparations anatomiques d'une grand valeur et acquises à un prix élevé, expressément pour l'usage des élèves de l'Ecole.

"La Bibliothèque contient quelques ouvrages d'un grand prix."

Sulphur in Rain.—A correspondent of the St. Lawrence Republican, signing himself "Z. T. H.," gives the following views of the causation of this phenomenon:—

"It is well known that Sulphur is supplied to the atmosphere in a variety of ways, and floats there free, from its comparative levity in a state of minute division, or from its cohesive attraction with the particles of the atmosphere or other floating substances, or in a state of chemical affinity, in the form of certain gasses. In this last state it is abundantly supplied in the well known sulphuretted hydrogen. This gas is decomposable by electricity without change of volume, but the sulphur is thrown down. This is one way of accounting for the fall of sulphur during an electric storm. There is another way. The hydrogen gas having, in some manner, the sulphur in its embrace, mixes with oxygen gas, which is abundantly supplied by vegetation, in certain proportions, is struck by an electric current, and explosion is the result; the sulphur is thrown down, the concussion of the explosion makes the thunder, and the bases of the gasses, chemically united, re-appear in the form of falling rain."

Incapable Officials.—It would appear that the authorities in Dublin are as much given to talking, and as little capable of acting during an epidemic, as are those of Montreal. "We have had enough," says the

Dublin Medical Press, "of spouting, pamphleteering and reporting, and it is now high time for action; what that action should be, it is not now our object to suggest; all we urge is the necessity of immediate effectual operations. It is not by sending round policemen with blundering notices, threatening law, or circulating common-place exhortations to observe cleanly habits, or even by furnishing receipts for remedies to cure cholera, that official people are to be exonerated from responsibility." One would imagine that Dr. Jacob was speaking of Montreal, so exactly does he hit what was done in this city during the late epidemic of cholera.

TO CORRESPONDENTS.

T. S., St. John's, New Brunswick. We consider his suggestions valuable. Editors, however, must allow a little latitude to their contributors; if they did not, they might divert the "disparaging remarks" to themselves.——Dr. Johnston. It is almost impossible to get at the exact ratio of mortality. Many physicians say they have saved 75 per cent. of the cases which fell into their hands. A few even report more favorably. The number of deaths was, we should think, on the average, fully 60 in every 100 seized. The treatment in most favor was that which included calomel along with other medicaments.——Dr. Dumouchelle will perceive that we have complied with his request.——Dr. Codd was the first medical gentleman, out of Montreal, who paid his subscription to our first volume. The Journal, we are happy to inform him, is to be a permanent publication.——Dr. Evans will receive our thanks for the warm interest he takes in the success of the Chronicle.——Dr. Billington. We should be surprised if our old friend and bench-mate were to act otherwise. We have despatched the missing numbers to his address.——Dr. Moore. The fault lies with the binder. We have sent another copy.——Dr. Vincent, Malbaie. We are obliged to him for his flattering opinion. It is our object to establish a Journal which shall represent the profession in Canada, without distinction.——Dr. H. Ridley. Five or ten of you can. The more the better.——Dr. Brinton. The current journalistic year commenced on June 1st, 1854, and will terminate on June 1st, 1855.——Mr. A. E. Ford will accept our thanks. A new subscriber is very acceptable.

BOOKS RECEIVED FOR REVIEW.

Meigs on Childbed Fevers. 1854. Messrs. Blanchard & Lea.

Physician's Visiting List for 1855. Messrs. Lindsay & Blakiston.

Gibb on Hooping Cough. Henry Renshaw, London. From the Author.

Lee's Lectures on Syphilitic Infection and Syphilisation. From Dr. Gibb, London.

Smith's Oration, "the Improvements in modern Surgery," delivered before the Medical Society of London, at the eighty-first anniversary. From the Author.

Circular of the Montreal School of Medicine and Surgery.

Transactions of the Medical Society of the State of Pennsylvania. 1854.

Catalogues of Books.—We have received Messrs. Blanchard & Lea's Illustrated Catalogue, for 1854. It contains samples of the illustrations to be found in many of the medical works recently issued by that celebrated publishing house. Highley's Student's Guide to the Class Books used at the London Schools of Medicine is also at hand. We shall be happy to lend them to any of our readers desirous of obtaining such information as they are designed to afford.

LONDON CORRESPONDENCE.—No. 3.

(Continued.)

Spina Bifida, a new plan of treatment by Mr. Paget.—From the peculiar nature of this affection, owing to the almost invariable implication of the spinal cord, or its nervous branches, as have been satisfactorily shown by Cruveilhier, Stafford, Prescott Hewitt and other writers, we cannot expect that any surgical operation will ever prove successful, unless in certain cases in which the nerves of the cord have no connection with the sac of the tumor, or where very few branches are in connection with it, or where the tumor may be so small that its opening of communication with the spinal canal is in accordance with the size of the tumor itself. Of 20 cases examined by Mr. Hewitt in various collections, only one was free from contact with the spinal nerves, and Cruveilhier again believes, from his dissections, that the connection between the tumor and the nerves is constant. This testimony, of course, invalidates very much against operative procedure. We shall find, however, on reference to the medical journals, that cases are occasionally cured, and many modes of treatment have been adopted with or without success; I may mention, for instance, pressure by means of a hollow pad or truss, puncturing the sac, ligature around the tumor, injections of iodine, removal, or any of these combined. Dr. Brainerd, of Chicago, U. S., cured 1 out of 4 cases by the iodine injections, and Velpean and Chassaig-

nac have treated cases with perfect success by the same treatment, on the testimony of the Gazette des Hopitaux. Puncture and pressure in certain cases offer the best, and, in fact, the only means of cure.

The following case presents some points of interest in being operated upon in a totally different manner from any case hitherto recorded, by Mr. Paget, on the 15th July, at Bartholomew's Hospital. The patient was a stout healthy child, 3 months old, with a tumor the size of a large fœtal head, situated over the lower dorsal and upper lumbar vertebræ. A sub-cutaneous ligature was passed around the base of the tumor, with its two ends emerging from the superior margin of its base; these were fastened to two India rubber straps, which crossed the shoulders, and which were kept in position by a wide and long band of adhesive plaster passed around the chest. It appears that pressure upon the tumor does not in any way affect the cerebral functions of the child, and Mr. Paget concludes from this and other reasons, that the opening of communication between the cyst and spinal cord most probably is very small, and therefore favorable to the operation. His object in applying the ligature under the skin, and fastening the ends to the India rubber straps, is to permit of the thread cutting its way out, and thus isolating the cyst, a result likely to happen in about 14 days. Should this succeed, he will be prepared to perform another operation for the removal of the cyst. Under any circumstances, this disease is almost always fatal, and the present operation is merely an experiment which suggested itself to his mind, and he believes it may prove successful. Should it not, we are still at liberty, he says, to try something else. The child was not put under the influence of chloroform, which I candidly think was a great omission.

Since the foregoing was written, the irritation and pain from the ligature became so great as to cause the child much suffering, which ended in death four days after the operation.

The Cholera.—Two months have elapsed since my last letter, and that time has been quite ample enough to develop the presence and progress of this fearful disease. The deaths for the last seven weeks, ending Saturday the 26th August, have been respectively 5, 26, 133, 399, 644, 729 and 847. Now these numbers may appear to be high, and to have rapidly increased; but they are less, comparatively, than those of 1832, and the per centage in the ratio of the population is very small. In comparison with Montreal, the disease has raged with greater virulence in that city than in London. Of the total number of 2783 deaths for the 7 weeks from cholera, 893 have occurred under 15 years of age, and as many as 1706 on the southern banks of the Thames, and low grounds of London. The deaths from diarrhœa and dysentery for the 7 weeks have been 968, which, added to the number from cholera, makes a total of 3751.

Now, without going into the treatment specially of either, I shall mention one or two plans which have been prominently brought before the public and profession, to arrest the premonitory symptoms particularly. *Sulphuric acid* has been recommended by Dr. Fuller, of St. George's Hospital, in cholera and choleraic diarrhœa; it has been successful in upwards of 1000 cases in his own and the practice of others. One ounce of dilute sulphuric acid of the Lon. Phar. is added to eleven ounces of water, and of this mixture three tablespoonfuls should be given as a dose. Sometimes he adds a drachm or half a drachm of chloric ether to every alternate dose of the medicine; and occasionally at the outset of the attack, two grs. of opium in a pill, combined, it may be, with five grs. of calomel. After the first stage he never gives opium. In the ordinary choleraic diarrhœa three or four doses of the acid mixture, at intervals of half an hour, will generally be sufficient for a cure. In the confirmed cholera, a dose of the acid mixture is given every twenty minutes, until warmth returns to the extremities and color to the lips. The chloric ether added to each dose of the mixture is extremely serviceable, if tolerated by the stomach, and, as the symptoms subside, the medicine should be given at longer and longer intervals. Conjoined with the treatment, is a mustard poultice to the pit of the stomach, frictions to the extremities, and immediately after each act of vomiting a dose of the mixture. In cases of collapse, he commences the treatment by a brisk mustard emetic. Within Dr. Fuller's experience six doses have always proved sufficient to effect a cure, but he would not continue it beyond the eighth dose. This plan of treatment, I may observe, has been extensively used in the Baltic with success,

Mr. Henry Wakefield, Surgeon to the House of Correction, for thirty years, recommends the following:—3ss. *sesquicarbonate of soda* in a wine glassful of strong *mint tea*, prepared from the fresh vegetable; or, if not at hand, one drop of the essential oil of peppermint diffused in the same quantity of water, and repeated every half hour. He has seldom required to use the dose more than three times without the sickness and diarrhœa being arrested. While under treatment the diet is beef-tea, well seasoned with salt and pepper, cocoa and arrowroot; nothing solid is allowed while the diarrhœa continues, even the bread is withheld. Out of 400 cases in 1851, not one was lost; and latterly, upwards of 150 in a population of 1500 persons were attacked, with the same results. The simplicity of this treatment is a strong recommendation in its favor.

Before concluding this letter, I should wish to draw the attention of the Governors of McGill College to what has always appeared to me a great omission in the Medical Faculty of the University. I allude to the want of those chairs on subjects necessary to enable a student to prepare himself for admission into the army,—these are, comparative anatomy,

or natural history, botany, practical chemistry, and natural philosophy. I addressed a memorial in relation to the first of these to the caput of the College, as far back as Feb. 1851. Now, at the present moment, if a graduate of McGill College, who has been educated in conformity with its statutes, presents himself in London before the Army Medical Board, the first thing that is done is to see if his courses of lectures are in accordance with what the Board requires; if not, he must go and complete them, at the same time taking his surgical diploma from one of the three Colleges of Surgeons. This may prove a matter of serious inconvenience and loss of time, more particularly during the existence of a state of war. The surgical diploma can be obtained immediately, but the courses of lectures will require months to complete, and botany is never entered upon in the winter season. These remarks may be better understood if I merely mention that Dr. A. M. Corbett, very shortly arrived from Canada, is in this position. I may be excused for giving his name, but as he is likely only one out of the many who may wish to enter the army hereafter, it really becomes a matter for the Governors of the University to seriously take into their consideration,—whether they will place it on the same footing in respect to the additional chairs as the schools of this country, or whether they will still allow their graduates to be the sufferers. With respect to the gentleman whose name I have mentioned, I shall observe, that if his courses of lectures had been complete, his appointment would have been almost immediately obtained.

G.

MEDICAL NEWS.

The distribution of prizes to the graduates of the Obstetrical School of Paris took place 24th June, under the direction of Paul Dubois. The first prize consisted in a gold medal, and was awarded to Miss Monnier, from the department at Seinne-et-Oise.—A doctor out West writes to the editor of one of the western papers—"I do not care a fig for the good or bad opinion the Emperor *Nicolas*, Queen *Victory*, Jupiter, or *Satan*, may form of me. *I am I, Dr. Ricardo*, and I owe not a cent to nobody."—A family in East Cambridge, consisting of a man, his wife and two children, were taken suddenly ill on Wednesday of last week, with symptoms of cholera, and all died within forty-eight hours.—Dr. David B. Hawkes has been appointed post-master at Charlemont, Mass.—2350 persons have died from cholera in New York City the past season.—Dr. W. R. Wilde has been made surgeon occulist to the Queen in Dublin, out of respect for his literary merits.—Yellow fever is prevailing at Galveston, Texas, and many other of the large towns and cities of the South.—74 persons died on board the packet-ship Harvest Queen, on her passage from Liverpool to New York.—The Southern Christian Advocate says:—"At Auguste, Dr. Henry F. and Robert Campbell have established an infirmary for negroes. This institution is commendable for its benevolence, and will conduce to a more careful and thorough investigation of the diseases peculiar to the negro race."—It is complained that the wounded at Alma were denied the benefit of chloroform. 3500 were wounded, or six per cent. of the allied armies.—The want of medical assistance in the fleet before Sebastopol is described as deplorable. 1600 sick were sent back to Constantinople, the ship all but sinking from the cargo. Disconsolate doctors are described as going about wildly looking for water or beds for the sick. Many of the sick soldiers fell dead of fatigue.

THE CHIMPANSÉ,

Described in Dr. Barnston's Paper.—(Drawn from Nature by A. Macdonell, M.D.)

THE

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ORIGINAL COMMUNICATIONS.

ART. XXIV.—*Description of, and remarks upon, a Chimpansé, which died lately, while exhibiting in Montreal, (being a Paper read before the Natural History Society at its ordinary Meeting, held Sept. 25th, 1854.)* By JAMES BARNSTON, M.D., Extr. Member of the Royal Medical Society of Edinburgh, &c. &c.

Mr. PRESIDENT AND GENTLEMEN,—I am induced to draw the attention of the Society for a short time this evening to a subject of much interest to the lovers of natural history, as well from the rarity with which the animal in question is seen in this country and in Europe, as from the high distinction he holds as head of the quadrumana or monkey tribe and the close proximity he bears to man in physical conformation. The death of a black orang, while exhibiting very lately in Montreal, has furnished me an opportunity, through the kindness of Mr. Brome, of examining his physical and anatomical peculiarities. The result of this examination I now lay before you, in terms as short and concise as possible, and this will be followed by a few general observations.

Let me classify the description into the following heads:—I. His general measurements. II. His general appearance and contour. III. The examination of the individual organs and parts.

I. *General measurements.*	INCHES.
a. From the vertex or crown of the head to the heel,	33
b. Circumference of head by sinciput and occiput,	15
c. From meatus of one ear to that of opposite ear over vertex,	10
d. Do. do. do. do. over forehead,	9
e. Frontal bone from superciliary ridge to anterior fontanelle,	3
f. Forehead,	1¼
g. From the forehead (superciliary ridge) to the chin,	4¼
h. Breadth of shoulder,	about 28
i. Circumference of chest, corresponding to lower end of sternum,	22

j. From the shoulder to the wrist-joint, 15¼
k. From wrist-joint to the metacarpo-phalangeal joint of middle finger, 3
l. From metacarpo-phalangeal articulation of middle finger to the tip of last phalanx, 4¾
m. Girth of pelvis, about 15
n. From hip-joint to the heel, 13½
o. Length of foot, including toes, 6
p. Do. of fore thumb from carpo-metacarpal articulation, 2⅛
q. Do. do. do. metacarpo-phalangeal do., 1⅛
r. Do. of hind thumb from tarso-metatarsal do., 3½
s. Do. do. do. metatarso-phalangeal do., 2¼

II. You will observe from these measurements that standing, as the animal does, 2 ft. 9 in. high, his legs or hind limbs measure 13½ in., or somewhat more than one-third of his whole length, while his arms or fore limbs are about 2 in. longer and reach down to the lower part of the thigh or the knee-joint. The relative dimensions and proportionate measurements of the different parts of the body—for example, the large head, the low reclining forehead, the short neck, the broad shoulders, the expanded chest and contracted hip, the comparatively long arm, and hand with narrow palm, and the lengthy foot and toes,—suggest to the mind the impression of a stunted and disproportionately formed little man, and nothing can serve more to heighten this impression than the human-like aspect of his face; a reflected picture of human ugliness.

The skin is whitish generally. The face, hands and feet are yellowish brown. The whole body is covered with straight black hair, more or less dense, and varying in length from an inch to 2½ or 3 inches. The forehead is very thinly supplied with short hairs, directed upwards, which suddenly lengthen about an inch and a half above the superciliary ridges, and then diverge to each side, and fall by the temples in front of the ears and along the cheeks, where they are about 3 inches long, and form a pair of whiskers. Short gray hairs exist sparingly upon the cheeks and both lips, while the chin is clothed with uniform short hair, directed downwards. On the fore arm the hair is directed closely upwards on both sides, and meets the oppositely-directed hair of the arm at the elbow, where they jut outwards. On the back of the fore hand they lie across the hand, being directed from a point at the base of the thumb from which they radiate outwards and downwards. The palms of the hands, anterior surface of the fingers and their posterior part from the second flexion, are bare; the same is the case with regard to the corresponding parts of the foot.

III. *Head and face.* The head is somewhat pear-shaped, though dis-

turbed by irregularities. The brain is of small volume compared with that of man. It consists of three lobes, the middle best marked. The convolutions are small, the involutions not well defined, and the sulci superficial. The gray neurine forms a very thin lamina, and is of a light color. It is in these respects similar to the brain of the child. The cerebellum is well proportioned. The orifice for the transmission of the spinal cord is situated further towards the posterior part of the cranium than in man. The superciliary ridges are well marked and jut well out, clad with straight black hairs about three-fourths of an inch in length. The forehead rises but slightly above this, and rapidly recedes. The facial angle is 51 degrees. The eyes are brown and deeply sunk within their large sockets. The nose is short and flat, the nostrils close and separated by a very thin septum, diverging towards the base or floor. The ears are situated towards the upper and back part of the head, and are formed of large expanded pinnæ, which measure 2¼ inches from the superior edge to the lobulus, and 1¾ inches transversely, *i-e.*, from the meatus to its posterior edge. They are destitute of hair. The cheeks are flat, and possess no pouches. The upper jaw is very prominent and somewhat convex, which contrasts strongly in profile with the concavity of the face above. The lower jaw corresponds and inclines slightly backwards towards the chin. The mouth is wide, the lips thin, and possessed of little or no recurvation naturally. The upper jaw exhibits 12 teeth, viz., 4 incisors, 2 canine, and 6 molars; behind the last molar on each side there is a prominence, evidently indicating a coming tooth. The lower jaw also possesses 12 teeth, 4 incisors, 2 canine, and 6 molars, making the number of both to be in all 24. The canines are long and well developed, and the molars have protuberances on their masticatory surface. The tongue is large and ovate.

Neck. There are seven cervical vertebræ. The atlas and axis are formed as in man. There is perfect freedom of rotatory motion of the axis on the atlas. There is no more of the *ligamentum nuchæ* than is found in man. The muscles of the neck generally are well developed for the erect carriage of the head.

The hyoid bone is very prominent. It is nearly half an inch deep in front, and its circumference forms an oval. The cartilages of the larynx are much the same as in man. The glottidean opening is somewhat triangular. The larynx is narrow, and the lower *chordæ vocales* tense and well marked. On each side of glottis, there is a distinct pouch, deeply seated and communicating freely with the æsophageal cavity. They seem to admit of distention by means of the membrane (hyo-thyroid) between the os-hyoides and the thyroid cartilage, which forms the upper and anterior part of their walls.

Chest. The pectoral muscles are well developed. The sternum or breast bone is 4 inches long, and very narrow. The ribs are 13 in number on each side, 8 of which are attached to the sternum, through the medium of their cartilages. The heart lies obliquely in the anterior mediastinum, encroaching by half an inch upon the right side of the sternum, of an oblong oval shape with rounded apex. The walls for the left ventricle are of considerable thickness. The auricles are appendicular. The aorta and its branches are the same as in man. The arch curves towards the left side of the vertebral column; the vessel then descends through the chest and abdomen along the central or mesial line. The lungs, trilobed on the right and bilobed on the left, present the same appearances as in the child. Three-fourths of the tracheal tube and primary bronchiæ are composed of cartilage (rings), the posterior one-third being fibrous.

Abdomen. The stomach is longer in comparison than in man, is less rounded and capacious at the left fundus, and inclines to bisection or division near its pyloric extremity. Intestines as in man. Caput coli well formed, and the appendix vermiformis about 5 inches long, tubular. Liver is of good size, ash gray and bilobed as in man. Gall-bladder not pyriform as in man, but forming two irregular lobes. Spleen of good dimensions, and closely attached to the left side of the stomach. Kidneys oviform. Urinary-bladder long, pear-shaped. Prostate gland bilobed. Penis slender, pendant, &c.

Arms. The clavicles as prominent, and formed as in man. The muscles of the shoulder are well developed. The forearm is easy of pronation and supination. Hand is long and very narrow. The fingers are also very long, and naturally curved anteriorly. The thumb is relatively very short and insignificant. The nails are well formed.

Lower or hind limbs. The pelvis is very narrow. Its brim measures 3¼ inches antero-posteriorly, and 2 inches transversely. The ossa ilia are long, narrow, vertical, and look forwards. The length from the crest of the ilium to the tuberosity (ramus) of the ischium is 6½ inches, and the depth of the symphysis pubis is 2 inches. The axis of the pelvis is nearly in a line with that of the body. The acetabulum or socket of the hip-joint is rather superficial, and directed outwards. Its cartilaginous ring gives attachment to the round or suspensory ligament with which the hip-joint is furnished. Neck of the femur is very short, and forms an obtuse angle with the shaft. All the muscles of the thigh are well developed. The inner flexors extend down to the lower end of the upper third of the tibia. The gastrocnemius and soleus muscles are imperfectly developed, making no prominence for the calf. The tendo-achillis is chiefly muscular, and attached to the os-calcis, which is sharp

and prominent. The foot is narrow, the sole flat, the toes long and curved. The first is a well formed, slender thumb, having two phalanges and a perfect nail. Although it lies flat on the ground, and evidently contributes to steady the animal in the erect posture by presenting a larger surface of support; for it is eminently adapted for the exigencies of arboreal life.

Before proceeding further, allow me to read to you a short history of the animal I have described, as given to me by his master.

He is said to have been caught about 70 miles inland from the port of Ambries in the south-western coast of Africa. It is stated that when first seen he was clinging to his mother, who was killed before he was obtained by the natives. It was brought by the captain of a sailing vessel which was bound for the United States, where he arrived about the commencement of the summer. It was considered by his master as being 3 years of age, and has always been in a healthy state till Sept., when he died, as was believed, of dysentery, but more probably of cholera. He was naturally docile and obedient, but strongly inclined to melancholy. He seemed sometimes to feel he was out of place in such circumstances. He would gaze at every object with an eye of bewilderment, and frequently gave vent to his inward feelings by deep and mournful sighs. He sometimes cried, and that bitterly, but never shed a tear; and it is said so affected was he on such occasions that his system was evidently shaken, and that his continued sobs and heavy sighs were heard at some distance. He always wished his wants supplied and his cravings appetized, but when this was refused, he suddenly flew into a passion, in which state he would pull the hair of his head furiously, grind his teeth, grin, stamp his feet, and turn upon himself, performing various circumvolutions. This would pass off in the course of a minute or two, and then he seemed contented and never applied a second time for the same thing. He was fed almost altogether upon bananas; sometimes he partook of a little coarse bread. It was rare to give him a morsel of animal food in the form of chicken. If he saw a number of things upon a table, he would make his choice by pointing to the article, whatever it was, and if this was mistaken, he would turn away his head as if in disgust, and would then point again as before, and so on till the right thing was taken hold of, and then he would hold out his hands with extended arms and delighted expression of countenance to obtain it. He took his meals regularly three times a-day, and went to bed early in the evening. He would make his own bed, and cover himself well with the upper blanket. In the morning he would bring his clothes to his master to put on, and would generally go for his comb when intimated that his hair needed arrangement. In general he was fond of seeing people, but

never made particular friendship with strangers, and when tired of visitors he would become very indifferent to their presence, and would then show signs of fatigue, &c., by frequent yawnings, accompanied by the corresponding stretches of the arm.

His mode of progression was generally on all fours, thus: standing semi-erect upon his hind limbs, with bent hips and knees, he would place his knuckles of both hands upon the ground a little apart, then transfer the whole weight of his body from behind forwards upon the arms, and by a species of jump carry his hind limbs between the arms as far forwards as possible—then raising his knuckles, his arms were thrown forwards and rested on the ground as before, and so on. He was fond of taking hold of a stick with one of his fore hands and walking in an erect position on his hind limbs. In such cases, of course, one leg was carried before the other alternately as in man. This he did with ease. It is stated that on certain occasions he made attempts to walk without any such support, and then he would raise his arms and place them in such a position that would tend to balance himself. This was somewhat difficult, owing to the great weight of the upper half of the body and the extreme narrowness of the pelvis. In his walk, this disproportion of weight and defect of pelvic breadth was evidently seen by the bending or see-saw movement of the body at the pelvis, first on one side and then on the other.

I have now given you a detailed account of what I considered worthy of notifying in the descriptive anatomy of this animal; it remains for me to select those physical peculiarities which serve to characterise him as a species. He is covered with black hair; he stands straight on his hind legs without difficulty; his head rests perfectly erect upon the spine, which exhibits little or no curvature between the shoulders; his forehead is low and retreats rapidly; the superciliary ridges are prominent and well marked, giving character to the face, along with the keen dark brown eye, well sunk within the large socket. The facial angle is 51 degrees; he possesses no cheek pouches; his chest is well formed and expanded; his great breadth of shoulder contrasts strongly with the narrow and contracted state of the pelvic region; his arms reach down to the knee; he possesses no tail, no callosities, and has a very rudimentary calf. His hip-joint is furnished with the *ligamentum teres* or round ligament. The thumb of the posterior hand (?) is long and perfect, having the last joint, and a distinct nail.

If we refer to Cuvier's Animal Kingdom, we will find that this answers to the generic description given in his Synopsis of the subgenus *Troglodytes*, of the *Simia*, in which there is but one species, the *Troglodytes Niger*, of Geoffroy St. Hilare, which is supposed to be the *Homo Troglo-*

dytes or *Nocturnus*, of Linnæus, ordinarily called the *Chimpansé*. Travellers and naturalists have frequently confounded him with the *Pithecus Satyrus* or Orang-outang, which differs materially in many important points. The latter has, for example, a brown or brownish-red fur; possesses a facial angle of 65 degrees; a round head, which bends forwards and forms a considerable angle with the back, and very small ears, closely applied to the head; has no superciliary ridges (at least in the young state); has very long arms; is destitute of the round ligament of the thigh bone (Griffith), and is gifted with a very imperfect thumb to his hind hands. While the Chimpansé is confined to very narrow limits in south-western Africa, the Orang-outang inhabits the eastern parts of Asia, as Malacca, Borneo, &c.

Much discrepancy of opinion likewise prevails as to the relative position the Chimpansé should occupy in the scale of animals. Cuvier places him the last in the subgenus of the orangs, rather inconsistently with his own description, while Linnæus evidently designed him to be a man. He calls him, for instance, *homo troglodytes* and *nocturnus*, and ascribes to him many peculiarities of the albinos; and "it is impossible," says Griffith, "to ascertain whether he means to designate an animal or a man." Comparing the structure of the chimpansé, now detailed, with the descriptions given by naturalists of the orang-outang, there can be no reasons for doubting the propriety of giving priority to the former, and placing him at the head of the quadrumana. His whole "physique," and many anatomical peculiarities, indicating a higher organization, suffice to entitle him to this distinction. Although greatly inferior to man in the structure of the pelvis and the posterior extremities, there is a better adaptation displayed for the erect position than by the orang-outang, and consequently a greater facility in walking on the hind limbs. I do not intend to place him on a par with man, notwithstanding, his organization will compare with him in many respects, with the probability of a still nearer approximation by physical and moral education! It appears to me that naturally the chimpansé is not strictly a ground animal, for while the pelvis and hind limbs are too imperfectly formed to enable him to assume the erect position constantly, the conformation of the whole frame militates against the horizontal position of the body, besides the utter inadequacy of the anterior members to sustain the weight of the fore part of the body, and otherwise serve the purposes of quadrupedal progression. That he is naturally intended for a forest life is evident, and a careful examination of his corporeal frame will bear testimony to the eminent qualifications he possesses for the contingencies and vicissitudes of an arboreal life. Inhabiting, as he does, the boundless forests of the interior, and depending for existence and safety mainly upon the dexte-

rity and agility with which he climbs and leaps, his organization is perfect and beautifully adapted to his economy. Let this, however, not detract from his position in relation to man. Were it possible to rear the animal up from infancy, and subject him to a judicious system of physical and moral training, it would become a question of much interest, whether he were capable of modification, that is to say, of improvement. Could he be made to assume the erect posture as a general rule? Could he be brought to perform those acts or services appertaining to domestic economy, as man? Could his intelligence be susceptible of culture? and could he be learned to understand language and convey his impressions by sounds or by acts? This I leave the Society to judge.

Montreal, 1854.

ART. XXV.—*Case illustrative of the difficulties to be encountered by the Practitioner of Midwifery in a rural practice.* By F. S. VERITY, M.D., Hemmingford.

The following case serves to illustrate the difficulties the Country Practitioner sometimes encounters, as well as the cruel treatment to which women are subject, in the hands of rash and ignorant Midwives.

About 14 years since, on my first settlement in this Township, I was summoned to attend a Mrs. H., in labour with her eighth child; being my first midwifery case in Canada.

The husband, who came for me, told me, that his wife had been in labour for 2 days and nights, and although "part of the child had come into the world, the women could make no hand of it, as there was a hitch somewhere." On my arrival at the house I was informed by the *midwife*, that an arm had been in the world for more than 12 hours, but the labour had made no further progress, "spite of all she had done." On seeing my patient, who was very weak and desponding in mind, I found she had very strong and continuous bearing down pains. *She* told me, "that after having been in strong labour for many hours, the arm came into the world, and that the nurse had been constantly pulling at it with a view to delivery; that after severe labour of some hours, the pains altogether ceased, and she had had some hours of refreshing sleep; that when she awoke, the nurse becoming uneasy at the cessation of the pains, and unwilling to have the services of a Surgeon,

mixed her up something, and gave her, which brought the labour on again, stronger than ever; but that all was of no use, as the pains went off again after a time, and that she had then sent for me; (5 miles distance) but, that the midwife, half an hour previous to my arrival had persuaded her to take another dose of the stuff, so as to have it over before the Doctor came, and the pains had returned, as I then saw.

Upon examination I found the right arm protruding through the vulva, wrapped in a piece of cloth "for fear of cold," as the midwife said, and carefully tied to the patients thighs "for fear it should go back again."

On learning the history of the case, I was very angry with the midwife, and asked why she had not sent for assistance sooner; when she coolly told me, that as long as she had "*the smut*" she did not expect to require any one's assistance. I asked to see "*the smut*," when she produced a bag, like a small money bag, from which she took a quantity of the Ergot of Rye, the use of which, she said, she had learned from the Doctors in the States. "So you have been giving her this," I said. "Yes," she replied, "and I *always* give it, when the case is a long one, and I never knew it fail until now." My temper, I confess, was ruffled, and after rating her soundly, for her presumption and rashness in administering such a powerful remedy without a knowledge of its properties, and the circumstances under which it was proper to give it, I left her to assist my patient.

As the Uterus was still acting strongly under the influence of the Ergot, and fearing its rupture, I tranquillized it as soon as possible, by a full dose of Tinct Opii. When the uterine action had entirely ceased I proceeded to turn, having previously given an enema and emptied the bladder by catheter. But the turning was a task very difficult of accomplishment. The Uterus embraced the fœtus so firmly and closely, as to defy all my efforts to dislodge the shoulder from the brim of the pelvis; so great was the difficulty, that I now began to revolve in my mind, the expediency of performing Embryotomy, fully persuaded that my patient would sink before I could complete the operation, and thus afford the old midwife a chance of retorting on me, the hard words I had just previously showered on her. I confess, at this moment I envied the City Surgeon his facility of consultation with his medical brethren. As the grasp of the Uterus on the fœtus seemed the result of spasmodic contraction, induced by the action of the Ergot, I resolved to try the effect of warm fomentations to the abdomen, and after their application for half an hour I had the extreme gratification of finding the uterus gradually relaxing its hold, so as to enable me to push up the shoulder, reach the feet, and safely complete the turning of the child, by bringing down the inferior extremities, and leaving them in the vagina, until the return of

uterine action. The poor woman was by this time dreadfully distressed in mind, and impatiently called on me "to finish my work;" after assuring and tranquillizing her mind, she fell into a sleep and continued in it for 2 hours, when the uterus commenced to act, but as the expulsatory efforts were feeble, I gently assisted by the feet, and in half an hour, the child was brought into the world by a good pain, dead of course, fearfully bruised, and as the nurse said, "as black as charcoal," the speedy removal of the placenta was necessitated by the profuse hœmorrhage which followed the expulsion of the child; and which was controlled by pressure on the uterus for 3 hours continually—a good plan in such cases is to dip one hand into cold water and apply it over the uterus, keeping the other in a basin of cold water, ready to take the place of its fellow, when it becomes warm; thus applying cold and pressure at the same time.

The patient had a long and tedious convalescence but eventually recovered, and the only inconvenience she felt was a desire to pass her urine somewhat more frequently than usual.

From what the midwife stated, I should think that the poor creature took about 100 grains of the Ergot, in the 2 doses given her, and it certainly is most extraordinary, that under all the circumstances, the uterus was not ruptured; and I congratulated myself most fully at the wondrous good fortune, that attended my first midwifery case in Canada.

ART. XXVI.—*Case of Foreign Body removed from the Rectum.* By Jas. Crawford, M.D., Prof. Clin. Med., McGill College.

I was called to see R. T., a carter, whom I found, together with his wife, in a state of considerable alarm, in consequence of his being unable to pass per anum a solid hard substance, which projected sufficiently far, externally, to allow it to be partly seen and touched, but which neither his efforts, nor those of his wife, were sufficient to withdraw. I ascertained that it was a portion of bone, and having seized it with a pair of forceps, after breaking it, I removed the *flayer* of a chicken, or young fowl. The man admitted that he had been indulging in such unusually luxurious fare a few days previously, but would not allow that he was in any way conscious of having swallowed the bone, nor that he had suffered in any way during its passage into, or out of the stomach, nor at any time of its long course, through the intestinal canal, till it was about

to be finally expelled. It may be remembered that this bone (former by the conjunction of the scapula and caracoid bone) describes two sides of a triangle, measuring (on the present occasion) one inch and three-quarters between its unconnected extremities. The scapular portion was fractured by the force applied to withdraw the bone.

It is to be apprehended that the man's assertion, of his not being conscious of having swallowed the bone, is untrue, and it may also be questioned whether he did not suffer pain during its transit. It is rather surprising that the orifices of the stomach and colon did not offer greater obstacle to its passage, and that the man's sufferings did not compel him to disclose the accident sooner.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XX.—*On the Nature, Signs and Treatment of Childbed Fevers;* in a Series of Letters addressed to the Students of his Class. By Chas. D. Meigs, M.D., Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College, Philadelphia, &c. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Pp. 356.

Dr. Meigs in the dedication, which extends over eleven pages, explains the appearance of this volume. He tells us that during one session he found that the history of childbed fevers had conducted him to the last hour of the term. But feeling how inadequate was that short time to the fulfilment of the important duty before him, he engaged in an off-hand promise to furnish his instructions as to childbed fevers by writing and printing his thoughts concerning them in a series of letters for the especial perusal of his students.

Dr. M., in stating his views of the nature of childbed fevers—the name of his own selection—asks, Is there such a thing as a childbed fever? and replies—"I am compelled to answer in the negative, where ore I must consider the word a false and misleading one, since it implies that the disorder is a fever, when, in fact, it is not a fever but a phlegmasia or pure inflammation." This sentence contains an explanation of the author's opinion, and as it begins the discussion, it certainly is rather premature. We do not feel, however, inclined to enter into any disputation upon this point, for what is there in a name, &c. Childbed fever comprehends five distinct cases: metritis, metro-phebitis, peritonitis, ovaritis, and a case in which all the foregoing disorders, or any two

or more of them, are combined together. This division then is merely that with which we are already acquainted, as adopted by Lee and Churchill. It excludes, however, inflammation of the uterine appendages, which occupies a prominent place in the latter, and is rendered peculiar by the resolution of metritis into three species: endo-metritis, exo-metritis, and metritis proper, according as the inside or outside, or entire thickness of the uterus is inflamed. These inflammations above expressed are presumed to be the forerunners and causes of the fever. Dr. Meigs does not express any peculiar view of the *kind* of inflammation, so that we presume he takes it to be the common. He is, as he would style it, a *cis* Humoralist, and scorns the theory of blood contamination promulgated by Dr. Fergusson and his successors. He calls Dr. F.'s book "a gospel-book" on the subject, and mentions it as "the crack English work," but he condemns it as "the most misleading and weakest book" out of Philadelphia! In admitting the unnatural plasticity of the blood during pregnancy, and the liability of women so circumstanced to become febrile, he, nevertheless, considers it can have no connection with the occurrence of any of the proximate causes of childbed fevers, further, perhaps, than remotely predisposing to their inception. He seems to lose all sight of the possible reception of a morbid poison into the circulating fluid, and a consequent vitiation of the entire system in the nutrition of its organic components and the performance of their essential functions. In touching upon the subject of contagiousness, after quotations from various dictionaries, the longest of which is one from Webster! he observes—"I rest deeply convinced that the fever does not take the initiative except in very rare instances; but, on the contrary, that an area of inflammation being first established, the reactions ensue thereupon, and I beg you to observe that in all the truly contagious disorders the constitutional affection leads the train, and brings on the topical lesions after an indispensable preliminary incubation." This is rather circuitous and indirect. There is no direct asseveration or denial of the fact of contagion; the decision of which bears strongly on the symptomatic view of these fevers which Meigs claims. Dr. M. takes up a new position and stands firmly on it, thus:—If childbed fever be contagious, 'Why should it attack the pregnant or *in-lying* woman alone?" and thus parodies poor Shylock:—"Is such a creature not a woman still?—hath she not hands, organs, dimensions, appetite, &c.? * * * —if you prick her, will she not bleed?—if you tickle her, doth she not laugh, &c.?" No one can withstand such conviction; as for us we find ourselves lost in amazement, and wonder why no one has never anticipated Dr. M. in such a view. But seriously, it does appear strange he should have overlooked that a specific internal cause is absolutely neces-

sary for the effective operation of the exciting external cause—that the former is restricted to parturient females, and therefore they can only be influenced by the latter. Dr. M. shows the childbed fever is epidemic, and has enumerated the different visitations of this fearful scourge that have been authentically reported; and, in treating of contagion, makes some unhappy jumbling in trying to discriminate between contagion and pestilence. The observations offered certainly do not strengthen the assumption he puts forth of the non-contagiousness of childbed fevers. We think the fact of their contagiousness is satisfactorily proved by a large number of credible testimonies. We need only allude to one, the communicability of their infection by the accoucheur, an occurrence well known, and substantiated by many observations. As to the nature of these diseases, we are not disposed to admit they are of the nature of common inflammation, for we see this action attacking the same parts in the same class of persons, and not being attended by any other than its ordinary features, certainly by none of the characteristic phenomena of the puerpeial affections. We think Mr. M. has hit upon nearly, if not altogether, the right explanation in the following passage; the discrepancy in sentiment and belief it evinces from opinions formerly maintained are not for us to unravel; we are not expositors of double workings or contradictory statements. "I suppose certain conditions of the nervous mass of individuals, or even vast numbers of a population may be brought about by epidemic forces that allow the subject organs to fall into certain specific modes of disease, which disease will depend upon the original and peculiar impression made by the morbific cause."

The sixteenth letter is on "*the diagnostication*" of childbed fevers. It contains some useful hints that may be judiciously observed by the practitioner. Occasionally, however, he is too terse and *peculiar* to please us, thus, in treating of that important symptom meteorism in peritonitis, he thus describes and finishes it:—"Tympanitis or *ballooning* of the belly is an invariable symptom, but it is greater or less in different cases and times. You ought expect to find a smaller and softer abdomen in metro-phlebitis than in peritonitis."

Of the style—the expressions, and composition—of Meigs on childbed fevers, we feel disposed, as the saying is, to open out our mind freely, but we refrain, because the author assures us it is the last book he will ever publish, so that any remarks for his personal edification would only be thrown away. We sincerely hope, however, that his successors in literary matters will guard against the levity, aye even profanity, the conceit, the pedantry, inflation and affectation that darken and spoil nearly every page of the writings of this Nestor of American obstetricians in whom, after fifty-five years' experience in medical matters, such faults

as these cast a dark shadow over the fame and reputation of his name as a practitioner of the art which Cicero said raised man nearer to the gods than any other.

XXI.—*A Treatise on Hooping Cough:* its complications, pathology and termination, with its successful treatment by a new remedy. By GEORGE D. GIBB, M.D., L.R.C.S.I.; Fellow of the College of Physicians and Surgeons, Lower Canada, &c. &c. London: Henry Renshaw. From the Author. Pp. 397.

We must apologise to Dr. George D. Gibb for our delay in noticing his excellent treatise on hooping cough, yet we have some consolation for our sin of omission in the perusal of the many complimentary reviews made of it in the British journals. We have read through the work with attention and gratification. The subject is ably handled—admirably divided into chapters, and the author shows an almost incredible amount of literary research; what is more, as you read, he seems to talk; and yet, from one end of his work to the other, you meet with nothing but a series of quotations. The doctor has shown a very happy knack in making use of his predecessors; but we must also compliment him on his equally happy knack of leading his readers on from page to page, quoting authority after authority, without in the least losing sight of his subject, or wearying the mind of his reader. In few words, we must say that Dr. Gibb has not only hit upon a very happy subject wherewith to make his debut in the medical literature of the day, but he has handled it well. Whoever wishes to know what any one has said, written, or thought of, on hooping cough, cannot do better than possess himself of, and read Dr. Gibb's work. He has divided the subject into nineteen chapters, which embrace everything connected with the disease, commencing with a general summary of the anatomy of the lungs, bronchial tubes, air cells, and nerves of respiration, also touching on the physiology of the respiratory nerves. He then gives the history of pertussis, with the various opinions thereon. Next comes his statistical review of mortality, which he extends over England, Ireland, Glasgow, Sweden, other parts of Europe and North America. The disease itself he admirably delineates, by dividing it into three stages. After that, he introduces his reader to the very many complications; but under this head we do not think the doctor has been sufficiently explicit in impressing on the minds of his readers, that *complications* are not necessarily accompaniments to the

disease, and that, however many and various they may be, they only contribute towards the aggravation of the case. Pertussis is pertussis, but bronchitis, pneumonia, or hydrothorax, do not constitute pertussis. They certainly form very unhappy amalgamations with the disease, but then it is for the physician to modify his treatment according to circumstances. The tenth chapter is devoted to conditions which are left as the sequelæ of pertussis. This is a very important chapter, and is very ably treated, yet, from our own experience, we are not quite satisfied with his allusion to asthma. He seems to have laid too much stress on extraordinary terminations, whereas asthma is one of very common occurrence. We had an opportunity only a few days ago to see a case at the Montreal General Hospital, brought before Dr. Arnoldi, of a young girl, only eleven years of age, in whom all the symptoms of a very aggravated form of asthma were *loudly* developed, and her history proved it to be the sequelæ of hooping cough she had had four years before. The eleventh chapter is occupied with the *pathology* of pertussis, and although we cannot altogether agree with the doctor, or with his quoted authority, Dr. Alderton, in considering the disease to consist of *dilatation of the tubes and air cells of the bronchi*,—we admit the chapter to be very interesting and well compiled; but we cannot pass this over without asking why *effect* should be adduced as *cause*. Dr. Gibb has taken a very great deal of pains in getting up the long list of remedies which have been from time immemorial used and are yet used. His experience does not seem sufficiently great to endorse the bold opinions of many authors he quotes, against the use of antiphlogistic emetics. We can help him in this matter, and decidedly condemn the emetic system. Dr. Arnoldi's practice is that which all who have witnessed his success should follow, viz., besides the nitric acid, allow the patient the free use of the lungs, by supplying him or her (as the case may be) with plenty of fresh air, and good nutritious food. We have been really astonished with the success of Dr. Arnoldi's treatment in asthma, with the nitric acid; but what we have seen is not equal to a case which he quotes of a Captain of the —— Regiment, who, from 8 P.M. to half-past 1 A.M., took 3v. of concentrated nitric acid, and packed up his trunk, in a perfectly convalescent state next day at half-past 6 A.M., to leave for Quebec.

Take it all in all, Dr. Gibb deserves very great credit for the work he has produced. It is decidedly the best compilation extant on the subject matter of which it treats, and is a credit to him for having brought it out so soon after his leaving the home of his birth and study. If Dr. Gibb continues to devote himself to medical literature, and takes up another subject with the same display of literary research, he will establish him-

self as a medical author of the first standing, and an everlasting monument of the status of medical education which could be obtained in Montreal in the fourth decimal period of this century.

XXII.—*Principles of Comparative Physiology.* By William B. Carpenter, M.D., F.R.S., F.G.S., &c. &c.

Man in his origin, to all appearance, differs in no respect from the simplest plant or animal. A simple nucleated cell, which reproduces similar cells, is the first advance from the germ or starting-point. An accumulation of cells next takes place. These cells soon exhibit various dispositions which establish differences among them, although microscopically they present identically the same appearance. Some of them seem capable of selecting from the nutritive fluid only those elements which are necessary to the construction of the osseous portion of the frame. Others again will only elaborate muscular fibre; others nervous tissue, and so on. It will be observed, then, that all the cells in the human body, no matter how diversified soever their functions may be, have their source and origin in the single primordeal cell. This favors the idea of one force, of which the vital phenomena are so many separate manifestations; the differences being caused by some peculiarities in what Dr Carpenter terms the "material substratum" through which the force operates.

As the nervous exhibit more markedly than the other vital phenomena the relations of the vital force to the different physical forces, we shall then proceed to illustrate more particularly this part of our subject. The nervous system consists essentially of two distinct structures—the vesicular or grey, and the fibrous or white. The vesicular substance is composed of cells, and is found only in certain portions of the nervous system, such as the brain, spinal chord and garglius. These portions have received the name of *nervous centres*, from the belief that they are the generators of nervous energy, and that they receive all the impressions from the extremities of the ner which impressions they dispose of in various ways. So necessary to the development of nervous force do some physiologists consider the presence of cells, they are of opinion that either cells or cell-nuclei are the agents in the origination of nerve force at the perpheral extremities of the nerve-fibres; although, up to the present, no such cells or cell-nuclei have been demonstrated. The

fibrous or white substance enters into the composition of the nervous centres—connects the different centres, and forms exclusively the nervous chords which are distributed to all parts of the body.

So long as no stimulus is applied to a nerve, the *vis nervosa* remains in abeyance; or, in other words, so long as the nervous matter is not acted on by forces physical or mental, there is no development of nervous force. In the conditions necessary to produce muscular contraction, putting aside for the present mental agency, we have an exhibition of the dependence nervous force has on most of the physical forces for its origination. When a heated substance is applied to a nerve of any extremity of the body, the arm for instance, nervous power is generated, and the impression is conducted to the brain by sensitive fibres; or, according to the latest view, *a state of polarity* is induced in the molecules of the nerve at the point touched by the heated body, which is rapidly propagated along the course of the nerve and the brain; the mind takes cognizance of it—a mandate is instantly sent along motor fibres to the part, and contraction of the muscles necessary to remove the limb from the vicinity of the irritation ensues. Motion or mechanical irritation—chemical affinity—electricity and magnetism, will be followed, when similarly applied, by a like manifestation of the *vis nervosa*. It is interesting to remark that the nervous force employed in muscular contraction, is converted into muscular force; and this again into motion, heat, chemical affinity and electricity, thus establishing a perfect *correlation* between the *vital* and *physical* forces. With every muscular contraction motion must of necessity take place. Becquerel and Breschet found with the thermo-multiplier that when the biceps muscle was forcibly contracted, *one* degree of heat was generated; and when the contractions were continued for some time the heat increased to *two* degrees. There is always a loss of substance or disintegration of tissue with each muscular act, which substance is resolved into its original constituents; and as no chemical change can occur without a disturbance of the electrical equilibrium, chemical affinity and electricity, must be generated.

Of all the physical forces electricity seems to exhibit the most complete correlation with the nervous force. The analogy between the two is so marked, many distinguished philosophers have felt convinced of their identity. Sir John Herschel remarks, "If the brain be an electric pile constantly in action, it may be conceived to discharge itself at regular intervals, when the tension of the electricity reaches a certain point, along the nerves which communicate with the heart, and thus to excite the pulsations of that organ." Mr. Abernethy threw out the suggestion that it might be the *materia vitæ*, the true vital principle. And it is related of Napoleon, that when Chaptal exhibited to him the voltaic bat-

tery in motion, he exclaimed :—" Voilà, docteur, l'image de la vie ; la colonne vertebral est le pole; la vessie le pole positif, et la foie le pole negatif." Numerous careful experiments, however, instituted by Muller, Matteucci, Todd and Bowman, and others, satisfactorily substantiate that no current of electricity can be detected passing along a nerve by the galvanometer while nervous force is being manifested in the production of muscular contraction. If a ligature be placed on a nerve, its power of conducting nervous force beyond the point of application is destroyed; but electricity passes on without interruption. If a portion of a nerve be removed, and the two parts connected by a conductor of electricity, nervous force generated above the section will not pass through the conductor to parts below; whilst electricity is readily transmitted by the conductor from one portion of the nerve to the other. The nerve fibre is not so good a conductor of electricity as the muscular fibre, and is far inferior in that respect to the metals. These facts are abundantly sufficient to establish the non-identity of the two forces. Nervous force, nevertheless, is capable of originating electricity. The electric fishes, as the *Torpedo* and the *Gymnotus Electricus* or electrical eel, are remarkable instances. In the Torpedo, the electric organs are largely supplied by branches of the pneumogastric nerve, a nerve which, curiously enough, has a more extensive distribution in man than any other of the cranial or spinal nerves. Those of the Gymnotus are supplied by 224 parts of intercostal nerves, derived from the spinal chord. That a connection with the brain is absolutely necessary to the generation of electricity in the organs apparently more immediately concerned in such generation, is evident from the following :—If all the nerves going to the electric organ be divided, no manifestation of electricity will take place. If the nerves leading to one side of the organ be cut, it ceases to develope electricity; but the other portion, which still retains its connection with the nervous system intact acts perfectly; and, if a portion of the organ be removed, the remaining portion continues to discharge electricity. A current of electricity cannot be detected passing along the nervous chord while the organs are actively developing and discharging electricity.

Electricity, on the other hand, developes nervous force. Independently of the excitation of nervous energy in the nerves of *common sensation* and *motion*, it calls into action the peculiar function of each nerve of *special sense*. Thus, if a galvanic current be passed through the retina, a vivid flash of light is immediately perceived. Ritter found that when it is passed through the auditory nerve, a distinct sound is produced; and the same observer remarked that when it is applied to the filaments of the olfactory, an ammoniacal smell is excited by the negative pole, and an

acid odor by the positive pole. Electricity produces sometimes an acid, sometimes a saline taste, when applied to the tongue.

From what we have said, our readers will perceive the great dependence which vital actions have on various physical agencies, for their origination and continuance. Whilst vitality is *essentially distinct* from all those forces which operate through mere inorganic matter, it appears to be convertible into, and replaced by them when it ceases to exist. Let vitality become extinct in a part or whole of the body, and how quickly does "decay's effacing finger" obliterate all the distinguishing features. No sooner has the dread influences of disease so changed the "*material substratum*" necessary for the manifestations of life—no sooner has the "breath of man left his nostrils," than a revolution of all parts into their original chemical constituents commences. The vital force is immediately succeeded by chemical affinity.

What is matter? What is mind? The greatest intellectual efforts have been called forth in attempts to arrive at satisfactory solutions of those two questions. Tomes innumerable have been written on the subject. Tomes replete with reasoning of the highest order, and thoughts of the deepest profundity. Tomes, nevertheless, too often defaced by acrimonious language and unjust recrimination. Materialism has been the bugbear of one class of enquirers. Spiritualism has been the derision and laughing-stock of the other—and why? Evidently because they have both allowed violent prejudices to warp their judgments. They have looked at the ultraisms of each other's belief, and formed their decisions accordingly. The spiritualist has too often formed his idea of materialism from the contemplation of the essentially gross views propounded by Voltaire and the French Encyclopedists, Helvetius, Diderot, and D'Alembert. With him materialism and infidelity are convertible terms. And truly so in keeping with his idea. But, unfortunately, the term materialism has been applied to some peculiar views held by great and good men; and, consequently, such views, and the enunciators of them, have been held up to public reprobation. Yet the views are strictly logical—in accordance with the truths of science, and not opposed to scriptural truth. The *name* has been the millstone around their neck. The most orthodox opinion would scarcely float with such a weight. Locke and Lawrence have been *ostracised* for holding so-called materialistic tenets. The former asserted that, independently of revelation, the immateriality of the soul could not be demonstrated—principles of philosophy failed to teach it. The latter, that from physiological research alone, we could not discover the separate existence of spirit. And yet both held the opinion of the immateriality of the soul. "I presume," says Locke, "it is not the idea of a thinking or rational

being alone that makes the idea of a man in most people's sense, but of a body so and so shaped joined to it; and if that be the idea of a man, the same successive body, not shifted all at once, must, as well as the same *immaterial spirit*, go to the making up of the same man." And Lawrence, in his reply to Abernethy, says:—"I say *physiologically* speaking, and beg you to attend particularly to this qualification; because the theological doctrine of the soul and its separate existence has nothing to do with this physiological question, but rests on a species of truth altogether different. These sublime dogmas could never have been brought to light by the labours of the anatomist and physiologist."

On the other hand, Materialists, so called, see in transcendentalism as it prevails at the present day, views as much opposed to, and subversive of, the teachings of an enlightened Christianity, as those put forth by the continental school of Materialists proper.

That there is within us something which *thinks* and *wills*, and that it can exercise these faculties independently of influences *ab extra*, will, we think, be conceded by all who have bestowed any, even the slightest, attention to the operation of their own mind. It is no less certain, we conceive, that in the present state of existence, relations of the most intimate nature exist between this thinking immaterial spirit and organized matter. Indeed, so necessary to memory and a conscious existence does this connection appear, many distinguished immaterialists have supposed that at death the soul takes its departure from the body in a subtle material vehicle; this vehicle having been its seat while it remained in association with the material body of the man. Mr. Wollasten, Dr. Hartley, Cudworth and Dr. Clarke, held this opinion amongst the moderns. The Pythagoreans and Platonists taught it among the ancients. The mind, from the nature of its relations with nerve-force, may be looked upon as one of the dynamical agencies which are capable of acting on matter. This view is not inconsistent with the idea of its being an entity essentially distinct from the *material substratum* through which it manifests itself. Nor does it suppose an identity between it and any of the other forces. It merely expresses that mental power is one link in that chain of forces which operate throughout the material part of the universe. For this force does not act blindly as the other forces which produce the same effects, all other things being equal, when called into action. There is associated with it a *self-determining power* or *will*, which may indeed be suspended, but which acts independently of and frequently in direct opposition to all promptings from without. The suspension of this *volitional power*, which is one of the strongest proofs of its existence, is seen in cases of somnambulism, and that peculiar state into which a person is thrown when he is said to be "biologized" or

"mesmerised." In these conditions the mind acts automically, following out those trains of thought, and those only, which are suggested to it from without.

Nervous energy is the intermediate force between the various physical and vital forces on the one hand, and the psychical force on the other. It has been arranged by the All-wise Creator that the energy of the nerves of special sense shall be excited by certain modes of force, and that the changes which the impressions make on the vesicular matter, when transmitted to the cerebrum, shall excite psychical action, and perceptions differing in kind result. Thus light, so long as it is present, excites the energy of the optic nerve—sound or motion, that of the auditory nerve—taste or motion, that of the gustatory nerve, and so on. And we know that it is through these channels, as well through the nerves of common sensation, the mind originally acquires one class of perceptions; the perceiving power being a manifestation of psychical force. From what is observed in cases where one or more of the senses are wanting, as in the congenitally blind or deaf, we have evidence of the importance of innervation to the development of psychical power. It is quite conceivable that, if the functions of the nerves could not be called into operation in a human being born into the world with a nervous system complete, there would be no manifestation of mind, not on account of the absence of the *divinæ particula auræ*, but from the want of that force by which it maintains its relations with the external world.

Voluntary motion often, though not always, originates in the mind. Volition, by the changes which it induces in the cell matter of the brain, causes a state of *polarity* of the motor nerve-fibres leading to the muscular structure of the part which the mind desires to move. This, in its turn, excites muscular force; the muscular fibre contracts, and motion is the result. The intensity and continuance of the nerve-force, and consequently that of the muscular force and motion, bears a strict ratio to the intensity of the volition. If the moved part be one of the extremities, the more energetic the *will* the greater the blow; the more intense the *volition*, the more powerful the kick. Emotional conditions of the mind affect the vital processes of secretion and nutrition, and produce muscular action independently of the act of volition. The tears which freely fall unbidden, as we gaze on the cold calm loveliness of the shrouded form of one—but once too dear; and

> "The tear most sacred, shed for other's pain,
> That starts at once—bright, pure from pity's shrine,
> Already polished by the hand divine."

The attenuated form—the hollow cheek and sunken eye, which mark the sad victim of blighted hope, the one who "has never told her love,

but let concealment like a worm i' the bud, feed on her damask cheek"—are illustrations of the influence which mental emotions have over the secretive and nutritive actions. The knitted brow and compressed lip of anger; the beaming smile of joy; and the trembling limb and quivering lip of fear, show their effects on muscular movements.

We should like much to exhibit more fully the relations of mind to the other forces, but we must draw our remarks to a close. In the few illustrations we have brought forward, we have seen the interdependence of the various physical and vital forces, and the relations which exist between these forces and Mind. We have seen that force is never lost; that so soon as it ceases to exist in one mode, it manifests itself in another. It may here be asked, then:—If mind be one of those dynamical agencies, what becomes of *it* when the material substratum through which it acts is so altered as to prevent its manifestations—in other words, when death ensues? There is a point in all enquiries relating to mind, beyond which man's unaided reason cannot penetrate. "Hitherto shalt thou go and no further," is the inexorable decree. Some proud spirits, baffled in their attempts to explore the inexplorable, too often, alas! take refuge in presumptuous doubts. Others, more wisely, seek in the volume of inspired revelation the information which mere reason fails to impart. We would answer the question thus:—Mind, in its present association with matter, may be studied in its relations with nerve-force, and through it with the various other forces which operate throughout the material part of the universe; but the determination of its *nature* and *destinies* cannot be arrived at by mere scientific investigation. The Creator of Mind as well as matter, has said, however:—"*Then* shall the dust return to the earth as it was; and the spirit shall return unto God who gave it."

Whence are these forces, and *what* are they? They are, says the Pantheist, the rythmic development of the soul of the universe—they are *solely* and *essentially* the Deity. We need scarcely direct the attention of our readers to the fact, that *this* identification of the Great First Cause with the causes of the phenomena of nature, inasmuch as it ignores the personality of the Supreme Being, is a fearful error. Force is doubtless an emanation from the Divine *Will* which, operating through various forms of matter, manifests itself in heat, light, electricity, gravitation, growth, nervous force, &c., as the case may be. Here we recognize the omnipresence of the Deity—that all pervading Divine agency which sustains the life of the minutest microscopic animalcule, as well as the highest and most complex animal; which causes the sun to shine, the rain to descend, and vegetation to spring forth; which clothes the tree with luxuriant foliage, and tints the flower with beautiful hues;

which marks out the path of the planets, and regulates the succession of the seasons. In the wonderful adaptation of means to ends, observable on every hand, the universe proclaims the existence of a *conscious intelligence*, which has arranged all, and which supports all, and thus furnishes important proof of the personality of the Supreme Being.

XXIII.—*Six Lectures on Syphilitic Infection and Syphilization.* By Henry Lee, F.R.C.S., Surgeon to the Lock Hospital, London. From Dr. Gibb, of London.

These lectures embrace a discussion of the following topics:—Infecting and non-infecting sores; local syphilitic diseases; inflammatory bubo; different modern processes induced by syphilitic infection; syphilization; syphilization applied to man and animals; syphilization. They will be found to be interesting and deserving of a careful perusal. We hope some of the enterprising publishers in New York or Philadelphia may be induced to favor the reading physician with a reprinted copy, as unless others have as considerate and attentive a friend as we have in London, they will be debarred from a ready attainment of Mr. Lee's lectures.

CLINICAL LECTURE.

On the Use of Alkalis in Acute Rheumatism. By George Budd, M.D., F.R.S., Physician to King's College Hospital.

(The Medical Circular.)

One of the last lectures of Dr Budd, on Acute Rheumatic Fever, seems to us of unusual interest, the treatment of this disease, as we have observed it at King's College Hospital, being so satisfactory and novel. Dr Budd, after going into a description of the ordinary phenomena of rheumatic fever and rheumatism, dwelt on one of the more formidable and common results of rheumatic fever, namely, diseased heart.

"The frequent occurrence of this complication of rheumatic fever was now so well known, indeed, as to require only to be stated. He thought, in one half of the cases—nay, more—three-fourths of the cases of rheumatic fever coming into King's College Hospital, they found severe disease of the heart. It may occur," said Dr. Budd, "at the onset, or still later in the disease; but as a general rule, it will be found

to run parallel, so to speak, with the fever and constitutional derangement. We find the deposit from the blood or inflammatory result, under two chief forms; first, and most formidable, deposits of lymph—beads of lymph, so to speak, on the edges of the valves of the heart, of the left side particularly, impeding more or less its normal functions. These effusions, or beads of lymph, are the result of a peculiar increase in the fibrinous portions of the blood. These deposits give us the stethoscopic signs of diseased valves. We have next, effusion into the sac of the pericardium, with so-called pericarditist: and very often also inflammation of the contiguous pleura. Now, I think, if you will watch the cases in the wards," continued the lecturer, "these of Dr. Todd and mine, that you will find at least three or four cases of rheumatic fever, with diseased valves and bellows-murmur; to one case of deposit on the exterior of the heart with friction-sounds. This is a very useful and practical point to keep in mind. Any disease of such delicate parts as the valves must be more serious, as leading to permanent organic disease, and cannot too soon engross our attention.

"Now, as to rheumatic fever, what do we generally find? Very frequently you will not discover all that is in books; but pain and palpitation, if inquired after, are generally found; pain of an obscure, dull character, over the region of the heart; there is also that remarkable hurry of breathing, which betokens fever; in place of the respirations numbering as they should number, about 18 to 20, they are higher,—30, or even double the normal amount—when the valves take on the disease. With this rapidity of breathing we have what is called a single bellows-sound with the first sound of the heart; in other words, a systolic *bruit*, very well marked. This sound, in contradistinction to the friction or rubbing-sound is best heard at the apex of the heart, the rubbing-sound ending, and very possibly will be heard only for two or three days, and then ceases when adhesion takes place, the valvular *bruit* still audible at the apex. The point I would next wish to draw your attention to, is the great endency to relapse observed in rheumatic fever. The patient, the chances are very many, will tell you he has had rheumatism before—aye! may be two or three, or even four times. Rheumatic fever, it must be confessed, is a very obscure disease; it is more common in London than in the eastern parts of England. It is evidently modified by climate; it is more common amongst men than women, it seldom occurs beyond the age of 30, the chief tendency to the disease existing between the age of 15 and 30. Some persons of a thin, ligamentous development of body are peculiarly susceptible of it, and the most frequent cause seems to be damp combined with cold.

"We now come to the essential question of *Treatment*. This at King's College Hospital, after treatment of various kinds, I find to be best under the form of large doses of alkalis. I usually prescribe the bicarbonate of potash (gr. xii ad gr. xv,) with the nitrate of potash (gr. v,) every four hours; or if we put it in technical language, it will be

R—Potassæ bicarb. - - - - ℥i
Potassæ nit. - - - - - ℥i

Tere simul bene et in part. iv divide detur i horâ quartâ quâque.

I know no plan of treating acute rheumatic fever at all equal to this; it

suggested itself to us from the lage amount of acid in the system. I think it as successful, if not more so, than any other plan tried in University College Hospital. It is quite as remarkable how the symptoms yield according as the urine becomes alkaline. You will find, where many joints are effected, that the urine is extremely acid. You will do well to keep the bowels also well opened, as mal-assimilation assists the rheumatic diathesis; colocynth extract, and a little blue-pill, or a saline cathartic mixture, according to circumstances, should be prescribed. Another medicine of great value in rheumatic fever, and one which you cannot do without, is opium; you will find your patient with rheumatic fever gets worm out if you do not give him a moderate draught containing morphia or opium at night. You must take care and economise your patients strength; take care he is not worn out, for in all such patients rheumatic fever is much more difficult to cure. I find it necessary to keep up the strength very often, and then we order a mixture of decoction of cinchona and the alkaline carbonates as before,—a mixture perhaps not very chemical, but still very useful: indeed, most eminently so, in restoring the "tone" of the system as well as the appetite and strength.

"There is another subject now on which I wish to speak—namely, *local* treatment; this is a point, perhaps not sufficiently attended to: it has been found that thejoints of the body most exposed, such as the wrist, ankle, knee, &c., are more liable to rheumatic inflammation than the shoulder or hip well covered with muscles. Accordingly, it is found useful to take the hint, and in this hospital we envelope the limp in oil silk, and cotton wool; we also find a warm alkaline fomentation—half an ounce of carbonate of potash to a pint of water gives very considerable relief. There is another application I have great faith in—a small blister, not placed *on* the joint, but *above* it, between the joint and the heart; it seems to act by drawing off the inflammation from the joint to the parts above it, so as not to be aggravated by motion,—mind the blister is *above* the joint, not at all over the joint. A blister may be said to be lowering, but rheumatic inflammation is much more lowering; finally, if there should remain chronic thickening of joints, I order the iodine paint. I will now read for you two or three cases out of the hospital book, just gone out cured, illustrative of what I say, and then speak of diagnosis. And, first, from gout—in gout there is more effusion—the skin also is more darkly red, almost mahogany-colour. Gout proverbially atacks a different class of persons, chiefly above thirty years of age, the *bon-vivant*. We have two cases, however, of gout now in hospital, but one is a man who has had delirium tremens over and over again. There is another disease, viz., gonorrhœal rheumatism; here one or more joints are affected, but you will find less fever, pulse not so high; you will find it also a most protracted and troublesome disease; it may last for three or four months. Again, you must not mistake syphilitic periostitis; the pains here are not in the joints, but in the shafts of the more exposed bones, with nodes and other chronic secondary symptoms. Iodide of potassium is the chief remedy. I know no remedy, however, for gonorrhœal rheumatism,—perhaps a blister above the joints is best with extensive discharge, cut off the scarf skin of your blister, and dress

the latter with green ointment; in ordinary rheumatism, however, I should not, nor do I ever, remove the scarf skin, but dress the blisters—two, or three, or four perhaps with simple cerate. I mention these few points, as really a very great deal depends on them.

THERAPEUTICAL RECORD.

(*British and Foreign Medical and Chirursical Review.*)

Cold as an Anœsthetic Agent.—Dr. Wood (Amer. Journ. of Med. Science, July, p. 287) has used cold as recommended by Dr. Arnott. In most cases it met his expectations, but in the others entirely or partially failed. Its use is said to be restricted to the minor and superficia operations.

Coriza. Opium Fumes.—In those cases of coryza which are attended with severe pains in the nose and frontal sinuses, Dr. Lombard (Bull. Gén. de Thér., Aout) has used with great success the fumes of partially burnt opium. The patient medicates himself by throwing on a slip of metal heated in a lamp a few pinches of opium powder, and then inhaling strongly so as to draw the fumes up the nose. A grain and a half or two grains of opium may be used each time.

Croup. Tracheotomy.—M. Guersant (L'Union, 3 Juillet) gives the statistics of tracheotomy in croup at the Hôpital des Enfans Malades. Up to 1850 the mean numbers of operations were ten (annually); in 1851, there were twenty-five; in 1852, there were thirty; and in 1853, there were sixty. Of 161 children operated on, thirty-six were saved, or one in five, and Guersant believes that this fortunate result would have been still more marked, had the operations been performed earlier in the disease than was generally the case.

Dr. Archambault (L'Union, 8 Juillet) relates two cases of croup, arrived at the last stage, in both of which the operation was completely successful.

Delirium Tremens. Tartar Emetic.—Dr. Peddie (Monthly Journal, June,) discountenances the treatment of opium, and recommends, from an experience of 80 cases, the use of tartar emetic, in doses of from one-quarter to one-half of a grain every two hours. If the bowels are not opened by this remedy, compound jallap powder is given. The patient is not to be restrained by mechanical means, and light is freely admitted into the room, as by its means optical delusions are prevented.

Diarrhœa. Subnitrate of Bismuth.—M. Trousseau (L'Union, Aout) recommends injection of subnitrate of bismuth suspended in water. It is used with excellent effect in the case of children as well as of adults. For children, about half a drachm is diffused through a little water, according to the age. *Syrup of Poppies and Lemon Juice.*—M. Yvaren (Rev. Méd. Chir., Juin) recommends in diarrhœa, especially in children, and in autumnal cholera, the following preparation: In a pint and a half

of water he boils a poppy-head, with one and a half or two ounces of gum arabic, for fifteen minutes; he then strains the liquid, squeezes in the juice of two lemons, and sweetens sufficiently with sugar. A pleasant beverage is formed, which, according to the age of the patient, is administered in greater or less quantity.

Digitalin.—Dr. Lange (Deutsche Klin. and Schmidt's Jahrb., No. 7, p. 26) has employed digitalis in intermittent fever and in dropsy. In six cases of the former disease cure was not effected in a single case, even after eight to ten days' use. In dropsy, diuresis was scarcely ever observed; in one case of general renal anasarca, after eight days' use of the remedy, there was for forty-eight hours some increase in the flow of urine, but this then disappeared. In three cases of cardiac dropsy the heart's action was lessened in one (after 1-60 grain doses every three hours), but there was no diuresis, although the specific effects of the digitalin were thus evident. In the two other cases there was no diuresis whatever.

Dropsy (Ovarian). Iodine.—Dr. Simpson (Monthly Journal, May) refers to seven or eight cases of ovarian dropsy in which, after tapping, tincture of iodine (two or three ounces) has been injected in the sac. In two or three cases the disease seemed arrested, but in the others this was not the case. No great pain followed the injection, and no febrile symptoms, except in one case.

Eczema. Traumaticine.—Under the name traumaticine, Eulenberg (Allg. Méd. Centralzeitung, and L'Union Méd., Juin) has employed in a case of chronic eczema, and in one of sporiasis, a solution of gutta percha in chloroform. The solution is painted on daily, and a thin pellicle forms, which is of course gradually detached.

Epilepsy. Oxide of Zinc.—The oxide of zinc, so strongly recommended by Herpin in epilepsy (see No. 22, p. 409), has been tried both by Moreau and Delasiauve (Traité de l'Epilepsie, p. 373). Moreau experimented on 11 patients, and rigorously observed Herpin's instructions, but the results were completely negative. Delasiauve's experience, on a still larger scale, is to the same effect. In reference to the employment of the oxide of zinc, we may mention the interesting observations of Michaelis (Archiv fur Phys. Heilk., 1853), who, in experiments on animals, found the zinc in the liver, bile, blood, spleen, lungs, heart, brain, and urine. The oxide appears to be dissolved by the lactic acid in the stomach; it should, therefore, not be combined with magnesia, which would neutralize the acid.

PERISCOPE.

Traitement des inflammations par les enduits imperméables (Robert-Latour.)—Le point de départ de M. Robert-Latour est cette belle découverte de Fourcault, que, si l'on soustrait par moyen d'un enduit imperméable la peau d'un animal à sang chaud à l'action de l'air atmos-

phérique, la température de cette animal ne tarde pas à diminuer jusqu'à ce qu'il succombe. L'action immédiate de l'air sur la peau est donc nécessaire pour le dévoloppement de la chaleur animale. D'un autre côté, l'ascention locale de cette température étant le phénomène initial de l'inflammation ; l'auteur a été conduit à penser que, si l'on dérobait au contact de l'air les parties enflammées, on devait éteindre le travail morbide ; c'est ce que l'expérience a confirmé. Le moyen dont se sert M. Robert-Latour pour mettre la peau à l'abri du contact de l'air, c'est le collodion additionné d'huile de ricin et de térébenthine, d'après la formule suivante :

Collodion.	30 gram.
Térébenthine de Venise.	15 décigr.
Huile de ricin. . . .	5 —

Le collodion est étendu sur la partie malade au moyen d'un pinceau : il faut avoir le soin d'en passer une couche assez épaisse pour qu'elle résiste, et l'on doit dépasser en tout sens les limites de l'inflammation. Les maladies contre lesquelles l'auteur a employé ce mode de traitement sont nombreuses : l'érysipèle, le zona, les lésions traumatiques ; les brulures, le rheumatisme articulaire aigu, la péritonite, l'ovarite, la pleurésie, etc., sont de ce nombre. Il rapporte quatre-vingt-huit observations, dans lesquelles ce moyen a été constamment suivi de succès. Depuis que M. Robert-Latour a fait connaitre ces résultats, d'autres médecins ont recueilli des faits qui prouvent l'utilité des enduits imperméables ; c'est ainsi que M. Blache a vu une inflammation de la mamelle, au début, disparaitre rapidement par l'usage des applications du collodion. L'expérience parait donc se prononcer en faveur de ce traitement ; mais est-ce bien à la diminuation de la chaleur animale qu'il faut attribuer les heureux effets des enduits imperméables ? Là commence le doute ; peu importe d'ailleurs l'explication, si l'action thérapeutique du moyen employé est réelle.

Tartre stibié à faible dose contre la phthisie et le catarrhe, (Bernardeau.) —Pr. Tartre stibié, 5 centigr ; Extrait de réglisse, 6 gramm :

A diviser en 25 pilules.

Trois par jour, jamais plus de six dans la même journée. Souvent une première préparation de 25 pilules peut amener une amélioration notable telle, que le malade se croit guéri. Du reste, si on la renouvelle, j'engage à mettre quelques jours d'intervalle entre la première et la seconde.

J'ai déjà insisté dans plusieurs de mes écrits sur l'utilité du tartre stibié à faible dose pour combattre plusieurs affections pulmonaires chroniques ; les dernières éditions de mon Formulaire contiennent plusieurs formules pour atteindre ce but.

Traitement des verrues par le carbonate de magnésie à l'intérieur.— En 1852, M. le docteur Lambert, de Hagueneau, a rapporté dans le *Bulletin de thérapeutique* l'observation d'une fille dont les mains, couvertes de verrues, s'étaient dépouillées de ces excroissances épidermiques par suite l'usage journalier d'une faible quantité de carbonate de magnésie qu'il lui avait ordonné pour combattre un pyrosis dont elle

était atteinte. Rendu attentif par cette observation, M. Lambert ne fut pas longtemps sans vérifier l'observation de cette femme, et il conseilla le même remède à la dose d'une cuilliérée à café matin et soir, chez une demoiselle qui portait quelques-unes de ces végétations: quinze jours suffirent pour amener la disparution de toutes ces verrues.—Nous trouvons aujourd'hui dans le *Heraldo medico* une nouvelle observations de M. E. Rodriguez y Espinosa qui confirme pleinement celles de M. Lambert. Une demoiselle de dix-sept ans, d'une belle santé, désirait vivement voir ces mains débarrassées des nombreuses et anciennes verrues qui les recouvraient; ; le carbonate de magnésie lui fut ordonné à titre d'essai. Le traitement fut commencé le 7 juillet: la malade prenait matin et soir une cuillérée à café de magnésie ; le 24, c'est-à-dire dix-sept jours après, toutes les verrues avaient disparu. On avait consommé un peu plus d'une demi-once de magnésie.

ENGLISH.

Ergotine.—According to Bonjean, Ergot contains two active principles, essentially distinct and constant in their effects, to wit: an active poison and a powerful and useful remedy ; the first is an oil, very soluble in cold ether, and insoluble in boiling alcohol, and in which exists the toxicological properties of Ergot; the second he denominates Ergontine, which is a dark red extract, very soluble in cold water, and possessing in the highest degree the precious obstetrical and hæmostatic properties that it has always been acknowledged Ergot possessed. The very different nature of the two products of Ergot permits their easy separation, and we are enabled to obtain the remedy entirely free of the poison. Thus then does the oil of Ergot and Ergotine contain in themselves all the properties, whether medicinal or toxicological, of Ergot, and it was for this discovery that the Pharmaceutical Society of Paris honored Mr. Joseph Bonjean with a gold medal, at their meeting on the 21st of Dec. 1842. Ergotine has been generally considered as one of the most useful acquisitions that has for a long time enriched therapeutics. The good results that are obtained in affections against which medicine has frequently been ineffectual, has already spread its use in different regions of the globe, and every day practice confirms the marvelous properties that its author attributed to it from its first discovery. Ergotine is one of the most powerful specifics known against hemorrhages in general ; it is equally approved of in metroruhagia and bloody flux, in epistaxis, and in spitting and vomiting of blood, and hæmaturia, &c. It has also been employed with good results in cases of spermatorhea, and in troublesome periodicals, vomitings of blood, and in diseases brought on by a deranged state of the nervous system, and that have resisted other remedies. Moreover, it promotes uterine contractions, and causes to cease the hemorrhages that succeed parturition ; as well as prevents them when administered some time previous to this event. Ergotine presents an immense advantage over Ergot in the quantity that can be administered at discretion in a dose, without the fear of resulting in any of those accidents that is caused by Ergot taken in its natural state. Dr. Chevally, professor of medicine in Chamberg, administered

five drachms of this extract in the space of five hours to a woman who would infallibly have succumbed to a most terrible attack of metrorrhagia, if it had not been for this auxiliary, which in two days afterward was completely suppressed, and the woman finally recovered. After this, many celebrated doctors have endeavored to extend the use of this remedy, and to this end Dr. Arne, of the Paris Asylums, has used it with happy effect in some chronic affections of the uterus. Dr. Sacchero and Teissier, professors of medicine in the University of Turin, Dr. Mosea, and some other practitioners connected with hospitals of the same capital, have used it with happy success in chronic and acute pain, from which we conclude that Ergotine has direct action on the mucous surfaces, when found in a state of super-excitation or active hypercinia; it is also useful in dry and obstinate coughs with or without spitting of blood, which so often accompanies consumption. Dose from 20 gr. to 1 oz., according to circumstances; given in pills or solution.

Mode of Preparing Ergotine.—Powdered Ergot one pound, and as much water as it will absorb (cold water), and allow it to stand for 12 hours; then place in a porcelain or glass percolator, and pour over it successive portions of cold water, until the menstruum passes through the mass colorless; the liquid thus obtained is to be evaporated by means of a water bath, unto the consistence of an extract. This extract is the Ergotine of Bonjean.—*Phil. Med. and Surg. Jour.*

GERMAN.

New mode of treating Dropsies.—A very important method of treating dropsies has been submitted to the profession by Dr. Serre of Alais. This consists (1) in withholding all sorts of drinks excepting, (2) thrice daily *milk soup*;* immediately after, (3) *an onion*. Whatever the cause of the dropsy may be; whether scarlet fever, Bright's disease, disturbance of the circulation, and so on, the result is ever equally astonishing. At the end of eight days, there is a marked improvement on the general symptoms; in 14 days a rich secretion of urine, and in 30 complete recovery. Within the last five years Dr. Serre has cured upwards of 60 cases by this method, among whom were many, who had been afflicted with the disease for a long period, in spite of every means used for their relief. It had, indeed, been hitherto employed in certain solitary instances, but until recently, quite empirically, and as it were, by chance. Three indications seem to fulfilled by its use, (1) to draw towards the urine secreting organs, material from without; (2) to rouse them to activity, and (3) to bring increased nourishment to the body.—*Medicinische Nenigkeiten for June.*

Radical cure of Hydrocele.—In the University Clinique in Berlin, Professor Langenbeck has lately used an injection of chloroform, instead of iodine in this affection. As yet the hydrocele have not been reproduced. One to two drachms is the quantity he uses—the pain is less severe than what attends iodine injections, and, in Langenbeck's opinion, incomparably superior.—*Erlangen Wochenschrift.*

* German milk soup is made by grating finely white bread, adding q. s. of pepper and salt, and afterwards boiled milk—letting it stand till cool.—(Translator.)

Variola and Vaccine identical—From the much laboured and candid researches of Thiele and Ceely, it appears without doubt, that the virus of vaccine and variola *are identical*. A large number of cows, carefully inoculated with small pox virus, had pustules, resembling in every respect vaccine lymph—which being again transferred to the human species, produced the vacciue pustule.—*Deutsche Zeitschrift f. Staats arznei kunde.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

DIARRHŒA BEFORE CHOLERA.

We have had upon our shelf for some time a pamphlet which should have been earlier noticed. The pressure of other duties has hitherto diverted our attention from it, but we now proceed to make the *amende honorable*. The publication referred to is written by Dr. Macloughlin, an Honorary Member of the Royal Irish Academy, &c., and is intituled, "A Result of an Inquiry into the invariable existence of a premonitory Diarrhœa in Cholera." This subject was specially brought under the notice of the Registrar-General in a series of communications. Dr. M. has been unsparing in his exertions to determine the occurrence or not of diarrhœa anterior to cholera, and after a laborious investigation, has been led to the popular belief that diarrhœa invariably precedes cholera. The chief inducement prompting Dr. M. to the task he imposed upon himself, was the circumstance that the Registrar-General reported several cases of cholera as having taken place without the customary antecedent. Unsatisfied with the *ipse dixit* of even so high an authority. Dr. M. inquired for himself. He visited the house in which the death had occurred, and closely scrutinized the history of the case. In return he was repaid for his trouble by ascertaining that the case either had been wrongly reported, and that diarrhœa had pre-existed, or had not been one of cholera at all. We enter into these particulars from the insight they give us of the mode in which the official reports is prepared, and the general dependence that may be placed upon their veracity. As to the relationship between cholera and diarrhœa, we have to observe that our experience agrees with Dr. M.'s. In every case of the pestilence that has come under our notice, diarrhœa has been a forurunner; occasionally, however, the interval between its

supervention and the development of cholera has been so brief, that without close attention, the fact might have been overlooked. A similar remark, we think, might be made concerning the degree of severity presented by the premonitory symptom. In disputed points of this kind it is always necessary to have correct appreciations of the premises from which the argument proceeds. It is, therefore, in the present instance, proper that the import of diarrhœa should be clearly known. By almost common consent, we believe, the term diarrhœa is now restricted in its meaning to alvine evacuations of a simply feculent character. In view of which it seems unavoidable that diarrhœa should precede cholera, as in the evacuation of the contents of the intestinal tube the natural matters must precede the morbid, as the former are present prior to the formation of the latter.

PAYMENT OF MEDICAL WITNESSES.

We have received the following communication on the subject from Dr. Gilbert of Hatley. We are afraid his case is not a solitary one, and as the cause of complaint is urgent, it should not remain unnoticed. Unless some stand be taken by the profession in maintaining its position as regards justice and remuneration, it will continue to be insulted and degraded. Tame submission to oppressive jurisdiction will be misconstrued as perfect acquiescence in imputed fairness and liberality. The only redress lies in resistance, and all acts of aggression waged in spoliation of personal rights, must be met with determined opposition. The defence, however, must emanate from the injured party. Unless we protect ourselves, Hercules will not help us. But to Dr. G.'s letter:—

Hatley, E. T., 3rd November 1854.

I was much surprised on appearing as a medical witness, a short time since, at the Court of Quarter Sessions in Sherbrooke, to learn on applying for my expenses that the magistrates had been ordered by a Judge (Rolland, I believe,) to reduce the medical mens' fees one half, and that on Dr. Johnstone of Sherbrooke, remonstrating with him on the subject, he had the impertinence to tell the Dr. that he thought medical men ought to render their services gratuitously to their country. I am sorry the Doctor did not ask him why medical men should be expected to do more for their country than Judges or any other class in the community. By your means as the professional organ of this part of the Province. I would wish to learn if such an act of tyranny can be perpetrated with impunity by any Judge at his pleasure; also, whether the curtailment has been extended over the whole Lower Province, or if it is merely some petty act of malice directed against one or more individuals in this vicinity. In either event, I believe, you wtll agree with me in thinking it a subject which ought to be taken up warmly and unani-

mously by the profession as if a single judge or even the whole of the Judges are allowed with impunity to curtail, as I consider, most unwarrantably a charge that has always hitherto been allowed, and this at a time when every other profession and trade are requiring advanced remuneration to meet the high prices of the necessaries of life, we had better at once banish from our thoughts all idea of constitutional Government and make up our minds to submit to autocracy. I had always imagined Judges were created to administer the laws and neither to make, amend, or alter them. I also had the impression that all classes of Her Majesty's subjects were entitled to something like a fair compensation for their trouble and expense in attending as witnesses either for Her Majesty or any private individual £1 3s. 4d. cy., with 1s. per league travelling expenses has hitherto been the fee allowed to medical witnesses, and certainly as the prices of necessaries now are this would be little enough in all conscience, at least I can answer for it in my own case, that at this rate of payment I should be a loser of at least £2 per diem. But to take a physician twenty or thirty miles from his practice and detain him four or five days or a week and then pretend to compensate him for his trouble and loss of practice by giving him 11s. 8d., per diem is a perfect absurdity, it is not sufficient to feed his horses. It should be borne in mind that almost every other calling can be carried on for a few days by deputy, but when a physician is called away his whole income ceases and not only that but when he returns all his patients will of necessity be in the hands of another practioner, and he will perhaps be a week or two before his engagements become as numerous as usual. I am unwilling to suppose we are compelled to put up tamely with this aggression on our rights, and therefore beg to suggest through the medium of your columns that the profession be convoked, if not earlier at least at the next meeting of the Board of Governors for the purpose of adopting such measures as may be deemed expedient to vindicate our rights. I would suggest as one of the earliest measures, that a deputation of City Physicians residing near the seat of Government, should wait on the Provincial Secretary, and lay our case before the Government. Most assuredly if something be not speedily done in the matter the affair will not long remain as it is, for it is evident from his language to Dr. Johnstone, the Judge who cut down the fees one half intends, if we submit tamely to this, to repudiate entirely the payment of medical men ere long.

I remain, Gentlemen,
Your very obedient servant,
F. D. Gilbert, M. R. C. S. L.

In conclusion we have to state that we shall be happy to publish any other suggestions which will tend to awaken the profession to a perception of their just rights, and will open our columns for the insertion of any commo nmeasures that may be conjointly adopted on the *payment of medical witnesses,* or any other equally vital and urgent subject of professional polity.

Physician's Visiting List for 1855.—Every physician should procure the above useful pocket companion. The publishers have arranged the list for either twenty-five or fifty patients per week. It contains, with the cover, an almanac, a table of poisons and their antidotes, and blank leaves for a visiting list, memoranda, addresses of patients, accounts asked for, obstetric and vaccination engagements, &c. &c. Mr. Dawson will furnish the "List" to those who want it. Price half-a-dollar to one dollar.

CORRESPONDENCE.

LONDON CORRESPONDENCE.—No. 4.

London, 3d Nov., 1854.

On the 2d of October the winter session of the various medical schools in the metropolis was ushered in by the delivery of introductory lectures. I had the pleasure of hearing that delivered at *University College*, by Professor Carpenter, and although prepared to hear something more than is given in an ordinary introductory lecture from one whom I claim to be a disciple of, I must confess I was not in the least disappointed. His lecture was clear and forcible in its language, strictly logical in its conclusions, scientific and learned in its general bearings, and marked the philosopher, the man of science and the scholar. His subject was *the relation between cause and effect*, and though perhaps too learned for junior students, the majority of his 300 hearers were persons quite capable of appreciating and understanding his discourse. His delivery is weak, and might be good if health and strength permitted; but to be a good lecturer, would require a greater sacrifice of scientific research than he would be willing to submit to. I found my way to the *Middlesex Hospital* in the evening, and listened to an excellent but short address from Mr. Shaw, one of the surgeons, previous to the distribution of a large number of very valuable prizes to young men who had distinguished themselves. This pleasant scene was terminated by a conversazione associated with the dispensation of some of the creature comforts in the shape of tea and coffee, cakes, &c. This day is generally taken as a holiday by the majority of the profession in London, who help to swell the numbers at the various medical schools, and with the pupils, present quite an imposing and cheering appearance before the lecturers.

Coeval with these lectures are the meetings of the numerous societies. The oldest, the London Medical, held its first meeting on Saturday 14th

Oct., when a very large and influential meeting assembled to hear an opening address on cholera, from the president. I may occasionally during the winter refer to some of the subjects brought before this society, and also before the Pathological. The latter I have just joined; it is, without exception, the most practical, as well as the most interesting society in London, and numbers among its members all those who are strictly the *laborers* of the profession. I shall now resume my Hospital Reports.

Orthopædic Surgery. One of the most curious, and at the same time really interesting institutions in this metropolis, from the remarkable appearances presented by the patients within its walls, is the Royal Orthopædic Hospital, Bloomsbury Square. On various occasions have I availed myself of the kindness of its medical officers, Mr. Wm. Adams and Mr. Brodhurst particularly, to visit the hospital, and see their cases and operations. A large number of patients, presenting every variety of deformity, is here to be met with, (280 patients a-day, on the average,) from the simple club-foot to the complicated diseased spine. I witnessed thirteen various operations on the 19th July, by Mr. Lonsdale and Mr. Wm. Adams, on cases of talipes vulgus, equinus, and varus, some of them on very young children. Mr. Adams informs me that they seldom operate upon infants younger than the age of two months, and fourteen days are allowed generally to elapse before passive motion is employed at the ankle-joint. In talipes varus, Mr. Adams not only divides the tendo-achilles, but also those of the extensor muscles, to render the operation a certainty. Cases of club-foot have been operated upon here, successfully, in persons as old as 50 or 60; and I have seen patients approaching those ages in the wards. Lateral curvature of the spine appears to be a very common affection indeed, occurring in the persons of very delicate looking girls and young women; and the deformity is sometimes most extensive. These cases are submitted to mechanical treatment, and a large proportion are satisfactorily cured. When, however, the affection is distinctly scrofulous, the results are not so satisfactory. I saw two cases of torticollis under treatment; the success in that of one of them, in the person of a pale delicate girl, aged about 20, was really remarkable; the head and neck were drawn considerably towards the right shoulder, presenting an unhappy picture of misery; the fleshy portion of the sterno-cleido-mastoid muscle was cut across by the subcutaneous operation, and the head after some days was supported in a peculiar apparatus, tending to keep it upwards in an opposite position to that lately occupied; and at this moment, a great part of the original deformity has disappeared. Knock-knees, scrofulous affections of the knee,

contracted knees, bow-legs, and many other deformities are here presented to view under treatment. The climate of London and manner of life of a large number of the poorer classes, are especially favorable to the development of these surgical diseases; they are traced in many instances as sequelæ to the eruptive fevers—scarlatina and measles, and very frequently hooping-cough has its share in their development. Two cases of scrofulous curvature of the spine witnessed to-day (19th July), had followed upon successive attacks of the three diseases just mentioned. As regards medicinal treatment, iron and codliver oil are the remedies principally trusted to in many of these cases and they appear to be especially indicated from the pale and unhealthy look presented by this class of patients. As specialities appear to offer an excellent chance for attaining to a good position, and ultimately a good practice in large towns, not only here but in America, I cannot but believe, than any man who shall devote himself to the treatment of deformities in Canada, in some large city, like Montreal for instance, would be certain in the end to command more than an ordinary share of attention from the public.

Removal of the Testicle. A young man, aged 25 years, was admitted a few days ago into Bartholomew's Hospital, with the left testicle much enlarged, which he wished to get rid of by operation. Sixteen months before this he received a blow on this testicle, which was followed by inflammation and suppuration, with the subsequent formation of fistulæ, two of which are now visible (5th Aug.), and which permit of the passage of a probe to the centre of the body of the testicle. For the last fifteen months he has been an inmate of a military hospital, in which he received every care and attention, and was skilfully treated; he however left it to put himself under a surgeon of this hospital. As there were some obscure points in the history of the case, as the testicle remained permanently enlarged and was more or less soft, as there was a possibility of its turning malignant, and as the patient himself desired its removal, the operation was performed by Mr. Stanley on the 5th August. The patient being fully under the influence of chloroform, he first tied the spermatic artery of the diseased side, just on its emergence from the external abdominal ring; he then made a pear-shaped incision around the diseased mass, the apex of course above, and carefully dissected it out, with the piece of skin included in the incision, and the spermatic cord was cut across and the tumor removed; the testicle of the right side was seen to be quite healthy and normal in size. There was much bleeding, three small vessels requiring to be tied; the edges of the wound were drawn together by three stitches; a piece of lint wet with cold water was placed over the wound and the patient was re-

moved. On examining the diseased structure, the testicle was found to be greatly enlarged; and when a section was made of it by Mr. Stanley, a quantity of dirty pus escaped from an abscess in the very centre of its body, and which it was found could be reached by the probe through one of the fistulous openings. The proper structure of the gland was not destroyed, but in a short time would have commenced the disorganizing process; and under all the circumstances, its removal appeared to be the most judicious mode of proceeding. It might be a question with some whether the removal of a testicle similar to this one is a judicious measure; but when we reflect upon the time necessary for cure, the sufferings of the patient, and that the function of the gland itself is destroyed, it strikes me that the wisest and safest plan is the radical cure by operation, similarly to the case I have just recorded.

Hare-lip. It is pleasing sometimes to meet with cases illustrating the simplest form of a particular disease, which gives the fairest repsesentation, in fact, of what a disease is expected to be from its name. The disease under notice, although by no means a rare one, is oftener met with in a complicated form, where the skill and ingenuity of the surgeon are taxed to the utmost in performing a satisfactory and elegant cure. One of the simplest fissures I have ever witnessed, was observable in an infant three weeks old, at King's College Hospital, on the 4th August; it occurred exactly in the median line of the upper lip. The child was given chloroform by Dr. Snow, when Mr. Fergusson performed the operation with his usual neatness and celerity, shaving off the edges of the fissure with a bistoury, and the rounded corners at the bottom, at either side. The edges were then brought together in exact apposition, and were transfixed by two long slender pins with porcelain heads, over which the twisted suture was made Not a cry was uttered during the operation, which was completed long before the little patient had become free from the influence of the chloroform.

Lithotomy, removal of a flat calculus.—A case of stone, presenting nothing unusual in its general characters, was operated upon by Mr. Partridge, at King's College Hospital, on the 4th August. The patient was an elderly man, otherwise in good health and in prime of life. Chloroform being administered, and the limbs being tied up in the usual position for this operation, the staff was introduced and could be distinctly heard to strike against the stone in the bladder. The outlet of the pelvis was found to be narrowed by an approximation of both ischii, but that circumstance did not interfere with the steps of the operation which was beautifully performed in the usual manner with an ordinary scalpel, and the stone was removed with a small pair of forceps, but not with the ordinary facility in consequence of its peculiar shape, and its broad

axis being held within the grasp of the forceps; the whole operation, however, not exceeding three minutes. The calculus proved to be lithate of ammonia in its composition, it was of an oval form, but flat, three-eights of an inch in thickness, and one inch and a half in length at its longest diameter. So unusually flat a calculus I have never before seen, although it has been my good fortune to have witnessed a great many operations for stone on both the young and old; still it is not by any means rare.

Necrosis of carpal bones, their removal by operation.—A lad aged 13 years met with an injury to his wrist about 15 months ago, which produced inflammation in the joint, and subsequent disease of the bones of carpus. This was followed by swelling, suppuration around the diseased bones and the formation of fistulae and sinuses on the dorsal aspect of the joint, through which a probe found its way to necrosed structures. He became a patient in Bartholomew's Hospital, and was brought into the operating theatre on the 5th August. Mr. Stanley observed that hitherto amputation appeared to offer the only resource in cases of this kind, but that on the present occasion he would endeavour to remove all the portions of deseased bone, so that a chance might be afforded of saving such an important part as the hand. Chloroform being administered, Mr. Stanley made a semi-circular incision on the dorsal aspect of the hand, commencing at the styloid process of the radius and bringing it round to the same process of the ulna, the convexity being towards the fingers; the flap was then carefully dissected back, when all the bones of the carpus were removed in fragments, in a necrosed state, with a pair of flat forceps. The lower ends of the radius and ulna were healthy, but the carpal ends of the metacarpal bones were sawn off and removed as they were implicated in the disease. There was much bleeding and the operation was a tedious one; the flap, which was very thick nicely filled up the cavity formed by the removal of the diseased bones, and was retained in position by three stitches. The forearm and hand were then carefully placed in a box splint, lined with a pad, and light bandage was applied over both, with a piece wet lint over the wound. The operation was satisfactory enough, and my friend Mr. McWhinnie (one the assistant Surgeons) informed me, that this was the first of the kind ever performed for the removal of diseased bone in this Hospital amputation having always been the invariable rule. Mr. Stanley spoke rather doubtingly about the operation, but there cannot be a question of its success if we take the numerous examples of such in the other large hospitals of London.

The Cholera.—At no period since the first advent of this disease, has so much been written upon it as at the present time, and notwithstand-

ing the immense mass of information (?) published in relation to it, specially, who is the man who can boldly declare what cholera is! The discussion at the London Medical Society upon the subject, which lasted two nights, was I may most truly say, utterly barren in its results, as to eliciting anything new or at all bearing upon the true pathology of the disease. Dr. Snow's doctrine, which is that of swallowing the cholera cells from evacutions of cholera patients, obtained in some unknown way from their bed clothes, &c., was again brought forward by its author. Fancy a person attending the death bed of one ill from cholera, assisting to rub his limbs, and his hands in contact with the fluid evacuations on the bed clothes; suppose this attendant to sit down and eat some bread and butter with his unwashed hands, he must be swallowing the cholera cells upon his bread and butter!!! Yet, though humorous this may appear, it is strictly in accordance with Dr. Snows theory. Whatever the true theory may be, one thing is quite certain, and that is, as sanitary improvements are effected, in cleansing, draining, purifying and ventilating the alleys, lanes, courts, streets and houses, in different towns and cities, so does the cholera decrease and disappear. Impure air and exhalations which arise from filth appear then to be the principal causes. Next to these impure water, but it is the vitiated air in great measure which renders the water impure. Now if the deaths in London, during the recent epidemie be carefully analysed, the proportion occurring in the low damp grounds of the metropolis, and in filthy, badly drained and miserably ventilated parts of the city, will be found truly enormous and quite in accordance with what has been already stated, as compared with those in comparatively healthy and elevated parts of the city.

The deaths from Saturday the 26th August, the date mentioned in my last letter, to Saturday the 28th October, have been respectively for the 9 weeks, 1287, 2050, 1549, 1284, 754 411, 249, 163, and 66; and in the agregate 10,596 persons have lost their lives by this disease in 16 weeks, exclusive of diarrhœa which has destroyed 2441, making a total of the 2 diseases of 13,037, about 50 to every 10,000 people. The eruption of 1849 broke out earlier than that of 1854 and destroyed 13,637 of the whole of London, exclusive of diarrhœa. The loss of upwards of 13,000 lives, within a few weeks, in the chief city of the empire, is an appalling fact, demanding the strict investigation which the Board of Health is at present devoting to it. The epidemic has now, I may say, totally subsided, and this week the number of victims will probably not exceed 20 in a population of 2¼ millions.

As Dr. Corbetts name was mentioned in my last letter, I shall now merely state that he passed a most creditable examination at the College

of Surgeons on the 6th October; on the 12th he was examined by the Army Medical Board and on the 27th he was gazetted as an Acting Assistant Surgeon to Her Majesty's Forces. He immediately left for Chatham, and I believe he is now on his way to the East with many others. This intelligence will no doubt be gratifying not only to his many friends, but also to those who have been students of the Canadian Medical Schools, McGill College particularly. And it is with more than ordinary satisfaction, that I am enabled to state, that young men educated in the profession in Canada are looked upon by the corporate bodies here, as not in any way inferior to those who are educated in this country.

G.

MEDICAL NEWS.

The corner stone of a Female Medical College, to cost $125,000, has been laid at Richmond, Va.——At the Brompton Hospital for consumption, of only 90 beds, six hundred gallons of Cod Liver Oil are annually used.——Lord Raglan, in mentioning the names of the Officers who distinguished themselves at the battle of the Alma, says—"Dr. Hall, the principal Medical Officer, was in the field the whole time, and merits approbation for his exertions in discharge of his onerous duties."——The Bishop of Borneo, the Rev. Dr. F. T. McDougall, is a member and fellow of the Royal College of Surgeons of England.——Dr. Paris relates the story of a lady, who having swallowed an "*everlasting pill*" became uneasy as it did not purge her. "Madame," said the proprietor of the article, "fear not; it has already passed through a hundred patients without difficulty."——Dr. Bennett Dowler says, that if France is not the source and centre of civilization, there can be no doubt but that Paris is of syphilization.——A boy has just made his advent at Tewksbury, Mass., with five *fingers* and one *thumb* on each hand, and seven *toes* on each foot.——An Old Baby.—At the last meeting of the New York Medical Society, Dr. Parkhurst presented a case of extra-uterine conception, having the following history—woman born in 1775; married in 1795; became pregnant in 1802; and died in 1852. She thus carried the fœtus in her abdomen fifty years.——Douglass Jerrold asks the question, whether the red noses of the English dram-drinkers are not due to the various adulterations introduced into the liquors by British dealers.——We have lately heard, says one of our exchanges, of a man who styles himself Doctor, and who has discovered a new mode of diagnosing the diseases of females. He takes a speculum and gazes through it at the pubs until he is satisfied and his diagnosis is made *O tempora O mores*.——Dr. Atlee of Philadelphia has recently taken out an ovarian tumour weighing 30 pounds and containing four gallons albaminous fluid. ——Yellow fever is still prevailing in many of the southern towns of the United States——Dr. Isaac Hays, who has been one of the Surgeons of Willis Hospital, Philadelphia, for upwards of twenty years, has resigned; and Dr. Addinell Hewson has been elected in his place.——Dr. Henry Cooper, the present Mayor of Hull, has been knighted by Her Majesty, on her recent visit to that place.——Several cases of sudden death in high circles, have recently occurred in New York, with symptoms of cholera; these have appeared after the use of oysters, which, from some peculiar condition, seems to have been the exciting cause. For the moment there is an *oyster panic*.——Rev. Antoinette Brown has been pleased to take an husband out of the medical profession. His name is J. H. Merritt.——Baron Louis has lost his only child, a son, nineteen years of age, with phthisis pulmonalis. ——The total mortality in Paris, from cholera, since 1st November, 1,230. For France 68,000. ——The highly objectionable practice of interments in the Churches of London, and in the burial ground within the city, is now, through the efforts of Dr. Sutherland, entirely discontinued.——A Dr. Deen, of the State of New York, has been sent to the State Prison for fifteen years, for the commission of a rape. Another Physician, in Maine, has been acquitted of an alleged crime——W. Barth of the Hospital of Beaujou, has been recently elected member of the Academy, in the section of pathological anatomy.——M. Maisonneuve has been transferred from the Cochin Hospital to La Pitié.

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ORIGINAL COMMUNICATIONS.

ART. XXVII.—*Contributions to Clinical Medicine.* By JAS. CRAWFORD, M.D., Professor of Clinical Medicine, McGill College.

W. D., a master baker, aged 49, of temperate, active and industrious habits, of spare make and thin visage, had been in the enjoyment of good health till about two years ago, when he began to suffer from dyspepsia, with gastric and abdominal pain, distention and flatulence, especially after meals, but without any impairment of his appetite; or rather the sensations generally felt in the stomach he mistook for hunger, and which induced him to indulge his appetite beyond what was requisite or prudent; and for a long time he yielded to this propensity, supposing he was merely gratifying an unusually good appetite. The inconvenience which generally followed he very reasonably attributed to the repletion, rather than to the morbid state of his stomach, as it did not amount to pain.

He was able to continue the superintendence of his business till July last, when the visitation of cholera so alarmed his workmen that some of them left him, which necessitated him to undertake the labour of baking, which frequently occupied him most part of the night, as well as the day, and so much overtaxed his powers that his strength failed rapidly, and the pains of his stomach became very severe;—his bowels being generally torpid; but his appetite did not fail, and his morbid sensations frequently tempted him to eat, which indulgence in general was followed by distention of the stomach and an augmentation of his suffering, to relieve which, he was occasionally induced to take a little gin and water, or ginger infusion Fancying that much of his distress and suffering was owing to his late over-exertion, he left off all work, and went to the sea coast and to different places for change.

In May 1853, he had a very severe attack of colic, which he always was disposed to connect with his present complaint, but never again had a

return of it. Until September 1854, the only treatment he had was an occasional mild aperient, to regulate his bowels, and small doses of quinine. At that time he submitted to an examination of the abdomen, when a well-marked tumor in the epigastrium was very manifest, stretching from the ensiform cartilage to the umbilicus, and extending laterally seven inches; it was firm and hard, especially at its lower edge which was irregular and lobulated; it appeared to pass up under the false ribs, especially at the right hypochondrium; *there was a strong arterial pulsation throughout the whole tumor, but without any aneurysmal bruit;* examination caused much pain, and it could not be persevered in, from the suffering it entailed afterwards; there was a bilious tinge of the tunica adnata and skin, but there was not the leaden color of malignant disease, nor did the countenance indicate any great suffering, and although he felt convinced that he labored under a fatal disease, he was very cheerful and resigned. His food appeared to pass freely, and without causing any pain, into and out of the stomach, and the suffering after eating he attributed principally to repletion and flatulent distention His evacuations were generally dark and offensive. For a long period he made a large quantity of urine, but for some time it was scanty and high-colored, depositing a dark red sediment. He also said that he had suffered from lumbar pain for a long time. His decubitus was till lately on the right side, latterly he preferred the left; in either position he equally felt a dragging sensation, evidently from the weight of the tumor. The abdominal pain was not confined to the tumor, although constantly felt there, and was liable to exacerbations; it sometimes was felt in the hypogastrium; latterly his strength had failed rapidly, and he was confined almost wholly to the house, and in a great measure to bed. His urine did not afford any indication of albumen. At this time (September), I was favored in consultation with the aid of Dr. Campbell. The jaundiced appearance of the patient, and evident connection of the tumor with the right hypochondrium, and easy passage of the food into and out of the stomach, led him to the opinion that the liver was the principal organ involved, while the peculiar irregular hard lobulated edge of the tumor, extending downwards to the umbilicus, and seven inches across the spine, and gradually losing its most marked character as it ascended, made me inclined to assign the principal seat of disease to the pancreas. The deranged condition of the stomach might manifestly arise from the pressure of, and sympathy with, the neighbouring glandular organs, if they were in a state of hypertrophy. If the stomach were the seat of disease, it evidently was not the hard scirrhus of either orifice, which, if it existed, must have caused more impediment to the passage of food through these orifices. The bilious tinge of the counte-

nance might depend on functional derangement of the liver, or obstruction to the passage of the bile through the ducts, often a consequence of scirrhus pancreas.

Attention was paid to the state of the bowels; a blue pill ordered to be taken every night; a mixture of iodide of iron and quinine was prescribed, and a liniment of iodide of mercury ordered to be rubbed over the abdomen daily. After some days he had several profuse bilious evacuations, and very offensive. He gradually and rapidly declined; hiccup and irritability of stomach distressed him much; he rarely rejected the ingesta, and frequently threw up a frothy secretion, which was occasionally acid. His appetite and strength rapidly failed, and he died on the 9th Nov.

Sectio Cadaveris.—The body appeared much emaciated. On opening the abdomen, a large *lardaceous* looking mass appeared, occupying the seat of the tumor, *perfectly white*, and without any appearance of vascularity. This was found to be the stomach, the coats of which were blanched, as white as lard; the mass felt hard, irregular, and somewhat lobulated. On attempting to draw it forward, the stomach was lacerated in two places, and a large quantity of dark fluid, like coffee grounds, was discharged, no such fluid having ever during life been ejected from the stomach. Several tumors of a similar appearance hung loosely into the cavity of the stomach, the longest of which appeared a hard roll, about four inches long and as thick as a child's wrist, covered by the mucous membrane, and suspended loosely by its duplicature to the lesser curvature, like an intestine by its mesentery. Several smaller tumors of a like appearance entirely encircled the pylorus, forming together a mass, the size of a hen's egg, which were suspended or attached by bands or pedicles, which allowed them to float freely in the stomach. The morbid growth appeared to have originated in the submucous texture, and although it felt hard to the touch, it readily broke down or partially dissolved on being wounded or handled, and became like softened brain. The liver projected below the ribs, and lapped over the tumor, to which it had a strong fibrous or cartilaginous attachment. The pancreas, in like manner, was adherent to the larger curvature of the stomach, but apparently was not further involved in the disease.

This very rare form of malignant disease has been variously named and described from its peculiar appearance, medullary sarcoma, cephaloma, lardaceous tumor, or the milt-like tumor, named by Monroe, The present case possesses many of the characters described by him (with the exception of *its purely white color* and absence of all appearance of redness, vascularity, or inflammatory indication); its evident growth from the submucous texture, apparently slight connection, and its proneness to

break down or melt away are all noticed by him. The coats of the stomach were in an atrophied state, and were readily ruptured. There was no appearance of ulceration. Since the mass has been put in spirits it has acquired a degree of hardness, and has diminished in size.

The difficulty or impossibility of forming a correct diagnosis will appear easily accounted for, in consequence of the intimate connection of the tumor to the liver, and also to the pancreas. The freedom to the passage of food through the stomach, while the ingesta were seldom or never rejected, nor the appetite, nor function of digestion, apparently interfered with to any degree, diverted attention from this organ to the solid viscera as the *fons et origo mali*.

ART. XXVIII.—*On small-pox and vaccination* By Wm. Marsden, M. D., Gov. Col. Physicians and Surgeons, L. C., &c., &c., &c.

There are none of the laws of pathology so little understood, or so constantly set at defiance, both by the medical and non-medical subject, as those which govern contagion and infection.

Variola in all its forms has prevailed in this city latterly to an alarming extent, so much so indeed, as almost to give it an epidemic character. All ages and all classes have suffered, from the soldier in the garrison to the senator at his parliamentary post, and the humble citizen at his fire-side, but the young of all classes have suffered most severely. I have not in the course of the previous quarter of a century seen so much small-pox as during the past four months. Among the causes assigned for this invasion of sickness whether founded or not, (and this is a point for the serious consideration of the pathological enquirer,) is the opening up of the old intra-mural cemetery, known as the "*Cimetière des Picotees*," for the desirable purposes of sewerage and water-works. How far this circumstance may have originated or contributed to the extension of the disease, I do not pretend to say; or whether the workmen employed may have carried it home to their families in different parts of the city and suburbs, and will merely state the fact that in the immediate vicinity of this burial ground, after it was broken up for the purposes before named, to a depth considerably below the level employed for interments, small-pox broke out *in its vicinity*, and was more severe and fatal there than in other parts of the city and suburbs—equally among the rich and the poor, and that among the military, the first cases that occurred were from Hope Gate guard-house which is also in the vicinity.

It is now two hundred and fourteen years since this cemetery was opened as a small-pox burial-ground, during the severe and fatal visitation of the disease in 1650, where, it appears, by an extract from *l'Histoire de l'Hotel-Dieu*, written by a nun,—that small-pox was so prevalent that the hospice wards could not contain all the cases, and a piece of ground adjoining it was fenced in with pickets, and bark huts erected within the enclosure to receive the sick Indians who were severe sufferers. Again the same authority says, in 1708 "la facheuse picotte désola toute la Nouvelle-France. Il n'y avait point de maison épargné dans la ville. Ceux qui conservaient leur santé ne suffisaient pas pour soulager les malades. On portaient chaque jour des corps dans l'Eglise de la Basse-Ville ou dans la Cathédrale sans aucune cérémonie, et le soir les enteraient ensemble quelquefois jusqu'à quinze, seize et dix-huit." And she adds "cela durait plusieurs mois, &c."

Recent experience has shewn us that specific infection may be dominant and innocuous for an inconceivably long space of time and then become developed, but as it is not my intention to discuss this point at present, I will leave every one free to draw his own conclusions from the facts above stated, and proceed to the consideration of another one connected with the subject of vaccination.

The circumstances above-mentioned have had the effect of giving an extraordinary impulse to the practice of vaccination and re-vaccination, the former of which has of late years been neglected, or has fallen into disuse in consequence of the extraordinary immunity from small-pox that has been enjoyed, and they have enabled me to make certain observations and deductions which may not be uninteresting nor entirely unprofitable to your medical or other readers.

I will premise by saying that I have met with nothing in my recent experience to shake my confidence in the practice of vaccination as a prophylactic against small-pox for a certain time, and among the adult cases, particularly of small-pox that have come under my observation, they had occurred where vaccination had been neglected and in some cases where innoculation had been practised. It is now an undisputed fact in medicine, that small-pox may occur more than once in the lifetime of the same person, and this coupled with the physiological fact that a constant change of substance is taking place in the animal tissues, justifies the practice that is becoming not uncommon of re-vaccination about every seventh year. With reference to this point, two principal circumstances ought to be attended to; firstly, the character of the virus; and secondly, its mode of application or introduction.

On the first point I am indebted for some valuable and interesting light from my esteemed friend and benefactor Dr. Morrin, who recently

called my attention to the fact that, vaccine virus as obtained in this country by transmission through various persons at last suddenly loses its specific character and power of reproduction, although the person from whom it was last taken had shewn symptoms under its duration of active irritation and high local inflammation. My own experience in some measure confirmed this view of the subject, having occasionally failed several consecutive times in vaccinating from what seemed to be a fine, large, sound, healthy crust or scab; and on the other hand having succeeded in a number of cases in succession from a small miserable looking crust, but I was in the habit of attributing my ill-success in the former case to constitutional causes in my patient, or to the fact that the crust had been too long or imperfectly preserved.

On this subject I will, without comment, relate the results of my recent experience in one particular instance. On Monday, the 11th December, I procured a fresh vaccine crust from the arm of a lovely, healthy child of eight months old, which I had watched with intense anxiety, although I had not vaccinated it myself, from the fact that both parents also were young and healthy as well as the child, which, to use an expressive term, had suffered from the pox, being one of the largest and finest I ever saw. Between Tuesday the 12th and Friday the 15th instant, I vaccinated nineteen persons from this crust,—ladies and gentlemen—children and adults, and all among the best and healthiest class of the community, and *not one solitary individual took the infection!* On the other hand, as large a proportion of cases as usual vaccinated with virus from other sources during the same period took freely.

One circumstance connected with adult re-vaccination of females, and particularly elderly ones, whether matrons or maids, struck me as remarkable, viz.: the extraordinary and unusual amount of systematic irritation and local inflammation that has occurred, the latter frequently extending up to the shoulder and into the axilla affecting the glands, and in some instances also considerably below the elbow joint. Such has been the case in many instances where I have also vaccinated young members of the same family and from the same virus, so that it could only be attributed to constitutional causes.

The question now presents itself with reference to the character of the virus, whether it had lost its specific action or not previous to its use on the 19 persons on whom I tried it, and whether it would a prophylactic to the small-pox in the child from which I procured it?

Time will not permit me to enlarge upon the subject at present, but I trust that the hints I have thrown out may be of service and lead to some useful conclusions and practical results. As to the manner of introducing or applying the virus, the plan I adopt is so painless that infants scar-

cely ever feel it. I first prepare the vaccine by crushing down a small piece of vaccine crust and rubbing it into a paste with a little water; then having only removed the epidermis by gently rubbing the flat point of a good lancet, backwards and forwards until blood just appears but does not flow, I take the virus on the point of the lancet I rub it in, in the same manner as before until the blood and matter become incorporated and then allow it to dry before covering it up. I always endeavour to avoid a flow of blood as the virus may, in such case, be carried away with it, and so fail in effecting its purpose.

Quebec, December, 1854.

ART. XXIX.—*Clinical Selections.* By Wm. Wright, M.D., L.R.C.S.E., Professor Materia Medica, University McGill College, &c.

II. *Syphilis in Canada as denoted by Sibbens.*

Case.

Mrs. D——., a respectable and virtuous woman, about two months married, has been affected with secondary syphilis for three weeks, ignorant of its nature or of the occurrence of any primary symptoms, and her husband positively denied ever having had syphilis but acknowledged that he once had a sore mouth from smoking strange pipes. On being examined, his throat and inside of lips present marks of secondary syphilis; the skin of both his forearms exhibits the cicatrices of former rupia, which he referred to a severe attack of *small* pox, "the sores" from which became so bad that they had to be burned before they would heal! On the exterior of the prepuce is a small soft swelling over the site of a former chancre, and on the mucous lining, near its junction with the cutaneous covering is an open sore, answering to Mr. Wallace's second variety of superficial primary syphilis. Mrs. D. has an affection of the scalp, which has been pustular, but the contents have dried, and it now consists of a number of small crusts dotted over her head; hair falls out when combed—these were among the first signs she saw of ill health; a papular eruption over the whole body, which has only appeared within the last two or three days; *a granular reddish tubercle*, discharging pus the size of a hazel nut, looking exactly like a sibbens, on the left side of the face, behind the commissure of the lips, where her husband had been in the habit of kissing her; on the corresponding side of the neck, below the angle of the inferior maxillary bone a swelling as large as a pigeon's egg, from an inflamed lymphatic gland, it is hard, slightly painful, though not tender, not indicat-

ed by any discoloration of the enveloping skin, and it has been slowly augmenting. These last two commenced about three weeks ago, and she did not notice that one preceded the other. She also has severe pains, in the course of the tibia, invariably worse at night; soft palate, with sides of throat tumid and congested; a punched out ulcer on the right tonsil; on left side of hard palate, behind last molar tooth, an ulcer the size of a silver threepenny piece, surrounded by red areola, and covered by lardaceous substance; general ill health; and superficial chancres on inside of both labia majora.

October 9, 1850.—℞ Mist. iodin. co. ℥ss, sumend bis die. Ungt. hydr. biniod., to be used on scalp and tubercle on cheek, night and morning. Painted throat with sol. arg. nit. No. xxx., and bubo in the neck, with tinct. iodine f. These applications were repeated the next two or three mornings.

13th.—Pains not so great; inflammation in throat and round the ulcer on palate lessened. ℞ Pil hyd. ant. et opii—1 sumend mane nocteque. Cont. mist. bis die. The centre of tubercle is ashy and depressed; a stick of nitr. silver was applied to it, and by a little pressure overcoming a slight band entered into a larger cavity, nearly a quarter of an inch deep, to keep a bread and milk poultice over it, instead of ointment. Apply S. A. N. to ulcers every other day.

17th. Tubercle rather smaller. Has been discharging a great deal; centre still ashy, but not painful nor tender. Rep. app. arg nit-poultice for another day, and then resume the ointment.

21st. Slough entirely removed. Arg nit lightly applied to the whole surface; over this lint smeared with ointment. Gums have become tender and swollen; copperish taste and mercurial breath. Has had no pains for last few days, and the papular eruption has wholly disappeared. Crusts have nearly all fallen off the scalp, and no prospect of renewal. Pergat in usu medic.

23rd. Surface of tubercle dry and covered with a scab, under which there seems to be no matter. Bubo in neck reduced more than one-third its original size, and has declined most rapidly during the past few days. Skin, including scalp, quite clean; no redness nor humidity of soft palate and ulcers all but well. Free from pain, and feels her appetite and strength returning. Site of ulcers within labia marked by a white lymphy spot. Has finished pills and mixture. To take sol. hyd. bichl. in small doses four times aday.

26th. Matter has been collecting beneath the scab, and was removed by poultices.

27th. Former tubercle now appears as the size of a shirt button, and

surrounded by a ring of healthy skin, slightly elevated. Applied solid arg nit and dry lint.

31st. Scab reformed. Bubo in neck not larger than an almond kernel. Rept. mist.

Nov. 7th. Caught cold yesterday. To-day matter issued from beneath scab, and its base is redder. Cataplasm, contd : applied solid arg nit. R. hyd. biniod. gr ij, potass iodid ℈i, aquæ. ℥viij, ℥ss 3d.

11th. The sore continues to discharge; its surface is not larger than a split pea, rather raised and of a peculiar pale fungous look.

12th. Pil. hydr. iod. (gr. j, in v) bis die, in lieu of mixture, which she thinks disagreeable. Has had morning sickness; tingling and enlargement of breasts.

14th. Scab again formed, but without hard ring or base, and no sore; bubo in neck feels like a small bean. Pills caused considerable heat and griping, those first taken substituted for them; only one every day, and two every other day.

19th. Scab fallen off, and no discharge, cicatrix thin and level, with surrounding skin; thickened by covering of collodion; round this is a white ring, and round this a copper-colored areola. Has felt very well the last few days. No appearance of secondary. R. Mist acid nitrici, ℥ss sumend ter die.

26th. Merest trace of bubo in neck. Health good; looks very much improved. Rept. mist.

9th Dec. Continues well; no trace of syphilis; experiences symptoms of pregnancy.

In the ensuing spring she brought forth a child, which survived its birth only a few hours; it was puny and delicate, but had no outward mark of syphilis. In the fall of 1851 she had a relapse of secondary, shewing itself in sore throat and pain in the limbs, malaise and cutaneous eruption, but she speedily recovered under treatment, and from that time to this, Dec. 1854, has remained perfectly well.

OBSERVATIONS.

This case affords an illustration of Syphilis in Canada. It is not adduced as a type of the disease in this country; but rather as exhibiting a form in which it is now and then seen. Our acquaintance with endemic syphilis generally is exceedingly unsatisfactory and probably there is no modification less recognized or known than that which the poison may have undergone in this part of the world. Judging by analogy, we should infer that intercommunication between the aborigines and colonists must have impressed the *materies syphilis* with some new feature which gave character to its external manifestations. So little information, however, of a positive kind, have we on this point,

and kindred matters, that we must almost admit the justness of the remark made by an eminent physician of the English metropolis, who, hearing Canada, suggested as an appropriate residence for an invalid, pertly replied "we know noth'ng of Canada." Indeed I have found it stated in an apparently learned report of the sanitary state of Upper Canada, bearing a modern date, that syphilis is unknown in that remote part of the habitable globe! Such extreme ignorance, however, as this, is fortunately not universal. Benj. Bell, in his work on venereal, published in 1793, has a section entitled "of some peculiarities of form under which lues venerea has appeared in Scotland and Canada." He is very laconic about the characteristics of the disease in Canada, but the little said is rather favorable to the conclusion that the case above reported was one of Canadian syphilis. His principal statement referring to this subject is that lues venerea has appeared in our country (Canada) in the same manner and under the same form as it had in Scotland. In another place he asserts that the disease in the latter country is termed sibbens in the Highlands, and yaws in Dumfries-shire and Galway. Its most characteristic symptom is stated to be "a soft spongy excrescence in size and color resembling a common rasp, which is apt to appear on all such parts as either become ulcerated or that are attacked with any kind of eruption; hence the name sibben or wild rasp. This spongy substance may rise to a considerable height, nor can it be kept down by any of the common escharotics—if entirely removed it soon returns unless the virus be removed by mercury." Now, this description identifies the disease seen by Benj. Bell with the Tubercle which existed in the above case. And the nature of the latter thus becomes established. Since we have the authority of this eminent Surgeon for saying there can be no question about its having been venereal, because its mode of occurrence was by direct communication; its evolution the sequence of blood contamination; and mercury was the only remedy which was capable of effecting a radical cure.

In the case under notice, there were further evidences of consecutive syphilis in the eruption on the cutaneous surface, affection of the mucous membrane, loss of hair, bubonic enlargement, &c. Each so unmistakable as to leave no room for doubt as to the proximate cause of their conjoint development. In view of this fact the case sheds additional light on the history of sibbens by showing that the latter may co-exist with other symptoms of syphilitic infection and need not necessarily be solitary. Thereby maintaining a still closer bond of connexion between the Canadian and Scottish modifications of syphilis—for sibbens in North Britain has been observed with every form under which lues venerea usually appears. This, however, only applies to the con-

stitutional species since sibbens has never been seen as an indication of the primary disorder.

This epiphenomenon of syphilis is not frequently observed in Canada. Of the few cases I have seen the above is the best illustration. A nearly analogous affection is observed in Ireland where it is commonly called button scurvy, and in the West India Islands and Africa which is technically named frambæsia. This almost ubiquitous diffusion is an important circumstance in serving to impute that there is, after all, nothing very national in the constitution of sibbens and that probably the instances of its occurrence in Canada will be confined to immigrants. I have not yet seen it in a native or in the descendants of colonists. The subject of the above cases, as well as her husband, had been many years in Canada.

ART. XXX.—*Remarks on spina bifida of the London correspondence.*

BY GEORN NIEMEIER, M. D.

In the November number of the *Chronicle* I find under the continuation of the London correspondence No. 3, a new plan of treatment of spina bifida by Mr. Paget, which, by the irritation of the ligature ended four days after the operation in death. I only want to make a few remarks on the following passage :—" Pressure upon the tumour does not in any way effect the cerebral functions of the child, therefore the opening of communication between the cyst and spinal cord is very small." I can tell Mr. Paget exactly the contrary, and any person may notice the following taking place by sufficiently hard pressure upon the tumour. The child gets suddenly comatose, the large fontanel gets elevated the more so the more you press. Why? because you press the water of the tumour through the fourth ventricle under the pons Sylvii through the aquæductus Sylvii in the third ventricle through the foramen of Monro at the right and left sides in the lateral ventricles; whose ceiling, the centrum semi-ovale Vieussenii is expanded by the water. The communication between the cyst and the spinal chord has to be naturally very small, but still large enough, to admit of what I have just demonstrated, because I have myself made this experiment twice. In the same way I account for the sudden death of children, if the tumour was opened at once by a large incision, not only the water of the tumour but the liquor spiralis and cerebralis was coming away by this same communication between the cyst and brain. In conclusion I would say, that the expression "spina bifida" appears to me to be radically wrong, it means

spina in duas partes fissa, but that does not imply that there is a collection of water. I think, Hemirhachis says what it means, a fissure of the columna vertebrarum; and Hydrohemirhachis combines the malformation of the spinal canal together with a collection of water.

REVIEWS AND BIBLIOGRAPHICAL NOTICES

XXIV.—*The Microscopic Anatomy of the Human Body, in health and disease.*—Illustrated with numerous drawings in color, by ARTHUR HILL HASSALL, M. B.—Author of a "History of the British fresh water algæ;" Fellow of the Linnean Society; Member of the Royal College of Surgeons of England, &c., &c., with additions to the text and plates, and an introduction containing instructions in Microscopic manipulation, by HENRY VANARSDALE, M. D., in two volumes. New York: Samuel S. & W. Wood. Montreal: B. Dawson.

During the past quarter of a century no other branch of medical literature has undergone so many marked improvements as Physiology. The science of the present day, might, without any violation of truth, be called *a novum organum* for we fail to recognize between it, and that of former times, the familiar lineaments that characterize the ancestral structure. Of the dissimilarities that subsist, the review, now in progress of composition, only requires a notice of one in particular. It is, however, one which not merely occupies a salient position among an assemblage of indications, but one upon which these evidences are closely dependent for their applicability and integrity. It may still further be even considered as the one that constitutes the foundation, upon which the whole architecture is superimposed, and without which the superstructure becomes incoherent and unstable, tottering to the ground and laying strewn there in disorderly confusion.

Modern Physiology is based upon Microscopy and the initiatory part of its study is the ascertainment of the construction, properties and uses of the tissues of the body. These are first to be learned in their elementary existence as constituting ultimate entities, and next in their state of conbination as forming compound structures. This department of knowledge is called Physiological Anatomy or Histology, and is not to be found elucidated in works upon Physiology, bearing an antedate of 25

years. Of its importance too much cannot be said—without it all descriptions of the component parts of the body must be merely conjectural, and from it alone can an insight be obtained into the mechanism through which the individual functions are accomplished. Its inquiry is one of intense interest, and the ardent student will find few subjects better calculated for awakening that lively curiosity which is the motive spring to action, and for enlisting those intellectual exertions which are the sure harbingers of success.

Mr. Hassall's work consists of two volumes, one of text the other of plates.

The volume of text contains as complete an account of Microscopy as the present state of the science admits. The author has been at great pains to avail himself of the many valuable contributions, that up to the date of publication, had been given to the world both by English and Foreign observers. Viewed in the light of a compilation, it will be found to be a faithful and succinct account of all that is known upon the many subjects to the discussion of which it is devoted. For this reason its value cannot be too highly stated, and it enjoys the enviable pre-eminence of being the only separate work which embodies the results of the labours of the various observers in the important field of inquiry, which it describes—these results, before its time, having been scattered through different "handbooks" and "manuals" of descriptive anatomy and general physiology. As an illustration of the nature and novelty of the information conveyed, we make a few quotations from the description which is given of a new form of non striated muscular fibre, discovered by Professor Kolliker.

The smooth muscles, according to this *savant*, are composed of contractile fibre cells. These are more or less spindleshaped, but according to the precise form they are arranged into three groups, the short, long and narrow. "These cells are composed of soft light yellow substance which swells in water and acetic acid, in which last it becomes of a paler color. There is no appreciable difference between the outer and inner parts, though in acetic acid it would seem as if each fibre cell had a delicate covering. Their substance is homogeneous with longitudinal stripes, and they often contain small pale granules, sometimes yellow globules of fat. Each fibre cell has, without exception, a pale nucleus sometimes only perceptible in acetic acid. Its form is peculiar being like a small staff rounded at each end. The substance of the nucleus is homogeneous . . . . The contractile fibre cells lying side by side, or end to end form the smooth muscles as they appear to the naked eye. They may be divided into, 1. Purely smooth muscles containing no other tissue; such as those of the nipple, corium, of the interior of the

eye, of the intestines, of the perspiratory glands, of the axilla, of the common glands of the ear, of the bladder, of the prostate, of the vagina, of the small arteries, of the veins and lymphatics. 2. Mixed smooth muscle, which contains besides the contractile fibre cells, cellular tissue, nuclear fibre and elastic fibre: such are the trabeculæ of the spleen and corpora cavernosa of both sexes. They are also found in the tunica dartros, gall ducts, the fibres of the trigonum vesicæ, the circular fibres of the larger arteries and veins, the long and transverse fibres of prostate, urethra, fallopian tubes, and of the womb; they change by imperceptible transitions into the first form; this is the case in the trachea bronchi, urethra, the inner muscular layer of the testicles, seminal ducts, &c." He then proceeds to speak of the peculiarities of the tissue in these situations, and while upon that of the intestines, observes that the cells "present a knotted appearance with ends running out into fine spirals. He thinks that it is not improbable that the knots are due to a contraction of the fibre. The fibre cells of the intestine seem to be striped, as if they were composed of an envelope and some homogenous striped contents. No muscular fibre is found amongst them, but they are covered and bound together by cellular membrane."

The American edition of Hassall's Microscopic Anatomy is a decided improvement on the London original; for besides additions on Histological facts, it contains an introduction by Dr. Vanarsdale, in which will be found very useful instruction in microscopic manipulation; so that we regard this edition, not only as possessing the great merits of its prototype, but in surpassing it by also being a guide to the use of the microscope. It is not merely a scientific, but it is furthermore a practical treatise, and in both characters it equally sustains a high character.

Of the volume of plates we have to remark that they illustrate all the prominent descriptions in the text. They are 79 in number (10 of which are American additions), and each contains from 2 to 7 or more figures. So extensive have been the objects delineated, that no ordinary one has been omitted; and the practitioner who, from necessity or inability, is unable to buy a microscope and the required preparations, will have the next best thing to the latter in these volumes, viz., their exact representations. The getting up of these illustrations, both plain and colored, is exquisite, and each one forms a perfect picture. It is enough to know that they fully sustain the reputation of the publishers in America of Cruveillhier, Carswell, Hope, Quain, Maclise, Rouspel, Vidal, and a host of other illustrated works, each of which as it issues from the establishment of the Messrs. Wood, of New York, seems a perfect *chef d'œuvre*. To those who have microscopes, we consider these books indispensable as proper authorities and directors, for without their aid they may fall

into multifarious optical illusions, and be constantly tormented by uncertainties in their observations. To teachers of medicine and of physiology in particular, this work will be gladly welcomed, the text solving many a problematical matter, and the plates affording illustrations which, by enlargement, may be used for the purposes of their lectures. And, lastly, to every member of the profession who wishes to learn and see the microscopic structure of the wonderful temple in which he resides, we say buy this edition of Hassal's work.

ART. XXV.—*A Dictionary of Medical Terminology, Dental Surgery and the collateral Sciences.* By CHAPIN A. HARRIS, M.D., D.D.S., Professor of the Principles of Dental Surgery in the Baltimore College; Member of the American Medical Association; Member of the Medico-Chirurgical Faculty of Maryland; Author of Principles and Practice of Dental Surgery, &c. &c. Second Edition, carefully revised and enlarged. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson. Pp. 800. 1855.

This valuable work embodies a vast amount of information on technology, and thus recommends itself to the patronage of all classes of the medical profession. It contains the derivation and definition of every important word in the specialities of their science and its alliances which has been received into conventional usage. The knowledge imparted may be unhesitatingly relied upon, as it has been carefully selected from all the principal lexicons of Medicine, Science and Art, published in the English and French languages. In every instance the Author has endeavoured to make the meanings as laconic as was practicable, and in most cases to give the signification of each word in immediate connection with them, without referring first to one and then to another and another synonym for it, as has been too often the case in works of a similar kind. The present Dictionary, however, chiefly differs from its predecessors in the preponderating fullness with which expressions in Dentistry are treated. All the subjects involved in these will be found discussed in a succinct account of the anatomical structures, diseases, treatment, and operations on the mouth to adjacent parts. In thus affording a summary of information on these important matters, it is well adapted to meet the wants of the dental surgeon in an especial manner. The second edition is a decided improvement on the first, containing about 8000 additional words—the matter of the more important articles

has been condensed, and other changes of a desirable kind likewise introduced. We can therefore with great propriety advise our friends who have not already a work of this nature to possess themselves of Dr. Harris' Dictionary, feeling sensible that in excellence it has not yet been surpassed.

XXVI.—*Report of the Select Committee of the Senate of the United States on the Sickness and Mortality on board Emigrant Ships* August, 1854. Washington: Beverly Tucker. Pp. 147.

It is usually believed that the health of those "who go down to the sea in ships" is rarely invaded by disease, and still less often annihilated by death. Mortality on shipboard is therefore, comparatively speaking, a subject possessing barely a passing interest to the public mind. The circumstances, however, that have signalized the voyages of recent years are calculated to remove these erroneous conceptions, and to instigate active inquiry. The spirit of indifference has been disturbed, and alarm has been awakened to the perception of unascertained perils to human life. From the Report before us it appears that during the last four months of 1853, 312 vessels arrived at New York from European ports, with 96,950 passengers. Of these vessels, 47 were visited by cholera, and 1933 died at sea, while 457 were sent to the hospitals on landing, there to terminate in a short time their miserable existence. On board the 47 vessels attacked by cholera, the number of passengers was 21,857, of whom 1821 died on the passage and 284 were landed sick, making nearly 10 per cent of dead and diseased in an average passage of 39 days. These data are sufficiently powerful to call for a diligent inquiry into the sanitary capabilities of emigrant vessels. The most appalling scourge which presents itself to observation is cholera, and upon this we will refer to some of the chief facts that have been elicited by the Senate. It has been shewn then that only a portion of the vessels carrying emigrants were affected in the same season, the greatest being in those that sailed from London and Liverpool; 25 per cent. of those that left the first port, and 21½ of those that left the last named. From some European ports that are unspecified 4½ per cent. of the vessels were visited by the pestilence. Hence it prevails most in the great thoroughfares of commerce and international intercourse, while it almost overlooks the bye-paths along which mankind pursue their way in smaller groups. The infected vessels were found to be those that were most crowded with passengers, and in strict relation to the extent of crowding was the de-

gree of sickness and mortality. These circumstances have a strong bearing upon the mode of propagation of cholera. If it be admitted the poison which produces it be in the air, the natural inference would be that the same cause would affect all ships within the same limits similarly situated on the bosom of the ocean in the same way, and that sickness would be produced on board of all alike. But the above facts, as well as many others contained in this Report, prove that this is not the case. The cause must, therefore, originate either in the person or in the property of the individual; having been engendered here, it, by a species of catalysis, contaminates the air of their residences. When, therefore, this is pent up and not renewed by accessions of a fresh atmosphere, or purified by ventilation, it becomes highly poisonous; and hence the want of fresh, wholesome air on board of passenger ships thus becomes one of the most prominent causes, if not the most so, of the sad mortality that has prevailed. Any one who has ever seen 3 or 400 living beings huddled together in the orlop or lower deck of a passenger ship, can readily comprehend the feasibility of such an explanation. Various expedients have been resorted to for the object of ensuring effectual ventilation, as tubular ventilators, windsails, &c.; and the Report of the Senate dilates upon them; but of all that have yet been practised, it may be said none has been successful, probably because the air, which is loaded with exhalations from the human body, finds its way into the holes and recesses formed by the permanent structure of the ship, the berths (placed as they generally are transversely, and having small spaces underneath them, and the luggage of the emigrants, recesses which cannot be materially affected by any ordinary current of air passing gently through the apartment, and can only be reached and cleansed of their contents by the operation of some appliance which shall cause the volume of fresh air to be distributed to every portion of the apartment occupied by the passengers. Another rife cause of the spread of disease exists in the imperfect quality of the food upon which the passengers subsist, and the objectionable manner in which the provisions are cooked. Independently of the limited variety in the number of dietetic articles, their coarse state, and frequently eremacausic condition, its preparation before ingestion is an important consideration in the present matter. The apparatus for cooking on board of ships of the largest size, consists of a caboose in the proportion of 1 foot long to 1½ feet wide for every 200 people. Here all the victuals must be cooked at certain hours. In attempting to accomplish this the sick are brought into conflict with the healthy, and the weak with the strong. The sick have no chance in such a contest, and are forced to return without cooking their food at all, or after preparing it, only in such a manner as to make it the cause of

sickness, and perhaps death. Even with the robust and strong, the use of half cooked food is almost sure to produce indisposition; but when invalids, laboring under affections of the stomach and bowels, are obliged to take it, the inevitable consequence is serious, if not fatal disease. So far as cholera is concerned, experience has shewn that nothing will produce it in cases of predisposition sooner than the consumption of meats or vegetables improperly cooked. The Senate in concluding their Report, make several suggestions for the improvement of the comfort and health of the emigrant on shipboard, most of which have reference to the obviation of the two great causes of pestilence upon which we have been remarking, viz., mephitic air and bad food. They recommend that a space be reserved on the upper deck and kept clear for the enjoyment of air and exercise by the passengers; a limitation to the number of passengers received—two to every five tons register, in order to prevent the crowding that now takes place of vast numbers in one ship; not keeping passengers on two decks, a lower and intermediate; and that the victuals be cooked and furnished by the ship. Appended to the Report are letters addressed to the chairman, full of interesting particulars and suggestions concerning its immediate subject.

XXVII.—*The Dublin Dissector, or Manual of Anatomy;* comprising a description of the bones, muscles, nerves and viscera; also the relative anatomy of the different regions of the human body, together with the elements of pathology. By ROBERT HARRISON, A. M., M.B., T.C.D., Member of and one of the Professors of Anatomy in the Royal College of Surgeons in Ireland, and one of the Surgeons of the City of Dublin Hospital. Third American, from the Fifth enlarged Dublin Edition. With additions by ROBERT WATTS, Jr., M.D., Professor of Anatomy in the College of Physicians and Surgeons in the City of New York, &c. &c. Pp. 591. New York: Samuel S. & W. Wood.

The Dublin Dissector has long maintained a foremost position among works designed to assist the student in the prosecution of his study of practical anatomy. We can fully recommend it as a trustworthy guide to the dissection of the human body. Dr. Watts has added much new and important matter to the American edition. He has, for instance, introduced a classification of the muscles; the weight and dimensions of the different organs; the varieties of the arteries; a few lux-

ations not mentioned in the Dublin edition, and some additional remarks on the injection of subjects.

XXVIII.—*Principles of Physiology*; designed for the use of Schools, Academies, Colleges, and the general reader; comprising a familiar explanation of the structure and functions of the organs of man, illustrated by comparitive reference to those of the inferior animals. Also an Essay on the preservation of health, with fourteen quarto plates, and over eighty engravings on wood; making in all nearly two hundred figures. By J. C. COMSTOCK, and B. N. COMINGS, M.D. Pp. 110. New York: Messrs. Samuel S. & William Wood.

Of the popular works on physiology which have come beneath our notice, this is certainly one of the best. The information it contains appears to have been carefully collected from recent and reliable sources, and may be depended on. The plates and engravings are very creditably executed, and serve to fully illustrate the subject matter. Although we do not advocate the use of such works in schools, believing as we do that a "little knowledge in these matters is a dangerous thing," rather than otherwise, we are of opinion that those schools in which popular works on physiology are employed, could not do better than to select for their purposes the present edition of Comstock and Coming's Principles of Physiology.

XXIX.—*Transactions of the Medical Society of the State of Pennsylvania*, at its Annual Session held in the City of Portsville, May, 1854. Published by the Society.

This volume of Transactions contains many things interesting to the profession, and exhibits the talents and industry of the members of the society in a very favorable light. We cannot agree with the President, Dr. Heister, in the opinion, that quackery would receive a severe check if the masses were instructed in the sciences of anatomy and physiology. We have invariably found the most enthusiastic supporters of the different *pathies*—those who bluster and "talk by the hour" on the evils of the regular practice, and applaud to the very heavens a system of medicine revolting to common sense—to be persons who have by some means

or other obtained a *smattering* of physiology, who know enough of anatomy to speak authoritatively on the womb, liver, lungs and kidney, and who are capable of pronouncing that the trachea and rectum are not one and the same tube. Quackery, in one form or other, has always existed, and will, we believe, always exist. The public are credulous to a fault, and there are always to be found a sufficient number of unprincipled men who, for purposes of gain, will minister largely to their credulity.

CLINICAL LECTURE.

(*From Medical Times and Gazette.*)

Case as observed among the out patients at the Samaritan Hospital.—By T. Spencer Wells, F. R. C. S., Surgeon to the Hospital, and Lecturer on Surgery at the School adjoining St. George's Hospital.

I do not know whether it has been generally remarked in other Hospitals, or by private Practitioners; but I and some of my friends who practice in this part of London, have certainly observed, during the season of the epidemic which is now happily passing off, a very unusual prevalence of boils, and of a low form of diffuse cellular inflammation. I and one of my colleagues have been personal sufferers, and we have seen a great many cases of boils among the patients here, especially about the buttocks, shoulders, hand and face. Ill-conditioned abscesses in the axillæ, and paronychia, have also been numerous. In all such cases, there has evidently been a deranged state of the general health; a state of general depression, a tendency to sallowness of the face, light-coloured stools, high-coloured urine, and sense of fullness in the region of the liver, with indications of functional hepatic disorder, and occasional attacks of colic, flatulence, or diarrhœa. I am disposed to regard this as one manifestation of the prevailing poison. Just as cholera has been preceded, accompanied, or followed in this and former visitations by what we may almost call epidemics of influenza, and of a peculiar low form of aguish fever, I am convinced that, in this district at least, it has certainly been accompanied by a prevalence of a form of furuncular, or low, unhealthy, local inflammation, and that peculiar derangement of the general health which I have just described.

I do not suppose that any very correct inference can be drawn as to the prevalence of a disease from the number of deaths from diseases of a similar class recorded by the Registrar-General; but a glance at the following Table may not be uninteresting. It shows the number of deaths in the Metropolis from Erysipelas, Abscess, Carbuncle, and Phlegmon, for July, August, and September, during the last five years, and

that this year the number of deaths from three causes is considerably increased—

	1850	1851	1852	1853	1854
Erysipelas	65	76	54	80	109
Abscess	17	23	27	36	32
Carbuncle	9	4	16	17	19
Phlegmon	3	6	2	3	6
Total	94	109	98	136	166

I may refer to a very interesting Lecture published in the *Medical Gazette* in 1851, by Dr. Laycock, of York, upon what he terms an "Epidemic Exanthem." He describes a more marked degree of what we have seen here, and looks upon it as essentially a blood disease, caused by some specific poison, and gives some curious facts in support of the theory that it may originate with the lower animals, and is contagious. I have not heard of any epizootic being prevalent, or affecting horses and cattle, of late; but a more extensive inquiry among the veterinary surgeons might afford further information on this point. Dr. Laycock has suggested, that microscopists should seek to determine whether some Ektozoon is not to be found in the skin or subjacent tissues, and his suggestion is well worthy of attention.

I need not refer to cases in detail, as the general description will suffice to all. One case, however, may furnish lesson of caution. A middle aged woman suffered from this form of low cellulitis in the left side of the neck. Leeches had been applied, and purgatives given before I saw her. I found the whole left side of the neck, the jaw, and the subclavicular region swollen, dusky red, hot, and painful, with the unmistakeable feel of diffuse cellular inflammation. The woman's face was dusky, her pulse scarcely perceptible, her breathing hurried,—in a word, she was evidently in extreme danger. I at once made an incision along the lower border of the jaw, a great number of slight lancet punctures on the side of the neck, and some deeper and larger ones below the clavicle. Brandy, wine, eggs, and beef-tea were given freely, and turpentine dressing applied locally. Suppuration was profuse; stimulants were required for many days, to the extent of eight ounces of wine and eight ounces of the *mistura vini gallici* of the Pharmacopœia daily; but ultimately the woman recovered. I did not see her after she was out of danger, and unfortunately sufficient care was not taken to prevent contraction during the healing process; so that, when the poor woman came here a few days ago, I was shocked to see that she was as much deformed as if she had had a severe burn on the neck. None of the skin had been lost; but so much of the cellular tissue had been destroyed by suppuration, that contraction followed. In all such cases, great attention should be paid to position during the healing process, and any tendency to deforming contraction prevented by counteracting extension. In this case, a stiff collar worn round the neck, keeping the head erect, or even pushing it over to the other side, should have been worn. It would have caused pain at the time, but much subsequent trouble would have been saved. As it is, as soon as we have seen what gradual extension is capable of doing, I shall probably make a subcuta-

neous division of the cord-like bands which now pass from the clavicle, towards the jaw, and which cause the deformity.

I shall now pass on to some of the cases of strabismus upon which I have operated lately. There have been five, and it has so happened that I have had to divide the internal rectus of the left eye in all these cases. The result has been satisfactory in every case. In one, I told the patient before operating that I should have to deal with the better eye also before the eyes would become completely parallel, and, although the left eye has become much straighter than before, and she can see better with it, yet it does not so exactly correspond with its fellow as it will do when I have divided the internal rectus of the opposite eye, which I shall do in a few days.

Now, this is a point of practical importance. A squinting patient wishes to know if she can be cured by operation. You think she can; divide the faulty muscle, convince yourself that you have done it completely, and yet the eye squints as badly as ever. The patient is disappointed; you are annoyed; and the chances are you never see her again; whereas, a little observation beforehand might have enabled you to tell her, that the first operation could not succeed, but that a second would. How are you to know beforehand then, whether a second operation will be necessary? Nothing can be more simple, if you bear in mind certain rules. You must regard the degree of mobility of the eyes, the difference of visual power, the amount of convergence, and the alternation of distortion on closing one eye and calling the other into action. In some cases, you may have but slight distortion, yet the motions of the eyeball are very much impeded. Such a case is not likely to be perfectly cured by operating even on both eyes. In almost all cases you will find a great difference in the visual power of the two eyes. The distorted eye is the weaker. In all the cases we have lately seen, this has been very marked. In one woman, the distorted eye was perfectly useless; she could not read ordinary type at all with it. It only served to render vision indistinct, so that she always closed it when threading a needle, or looking intently at any object. You take a book, and find that a patient can read with the straighter eye at a distance of two feet, while she cannot read with the other, the straighter one being closed, at a distance of six inches. In other cases, the difference is not so great, but there is almost always more or less. Then, as to the amount of convergence: if the distortion be slight, the degree of mobility not diminished, and the visual power of the two eyes nearly equal, you need not operate at all. You can cure the case by making the patient wear prismatic spectacles. I may enlarge on this more hereafter, in the meantime referring to a paper of mine on the subject in the *Medical Times and Gazette* last year. (See Medical Times and Gazette Vol. VII., p. 216.) If you find the vision of both eyes good, but the degree of convergence considerable, in all probability two operations will be required, and you had better prepare the patient for it. If, with a considerable degree of convergence, you have, as I have said you almost always will have, very unequal visual power in the two eyes, the general rule is, that one operation will be sufficient; but, to be on the safe side, in forming your prognosis as to a second operation, you must deter-

mine the power you have of producing an alternation of distortion. You know that cases of strabismus are distinguished as alternating and non-alternating. In the one case, when both eyes are open, the same eye is always distorted. In the other, the distortion is observed now in the right eye, and now in the left, although more frequently in one than the other. In the great majority of cases, by closing the better eye, the distorted eye becomes straight, and reverts to its abnormal position, as soon as its fellow is opened again. If you raise the closed lid of the straightened eye suddenly, you will probably find that the eye is distorted, but it becomes straight as the opposite eye returns to its old position. You have produced an alternation of the strabismus by closing the better eye, and calling its fellow into action. You may do the same thing by curing one eye by operation; and, in that case, may have to perform a second operation and, if the distortion you produced was very decided, you had better prepare the patient for the *probability*. I do not say more, because you will often find that, after a few days, a distortion of the straighter eye which has supervened after operation disappears spontaneously. You will find it laid down as a rule in some books, that when the distortion shifts to the better eye after operation, both eyes should be operated on at once; and some Surgeons go so far as to say, that if after having thoroughly divided the faulty muscle in one eye any distortion is apparent in either in looking straight forward, the second eye should be operated on without delay. My experience has convinced me, that these are serious practical errors. If you acted upon these principles, you would often perform a second operation quite unnecessarily, and would run into great danger of converting a convergent into a divergent squint, for which the patient would be reverse of grateful. I have seen more than one case in the practice of other Surgeons where the internal rectus of the eye has been divided; the eye not becoming straight, the corresponding muscle of the other eye has been cut at once, with the effect of causing divergent strabismus in one case immediately, and in others within two or three days. I would say, therefore, never perform your second operation until you have had time to observe the effect of the first. You would be tolerably safe if closing the sound eye still caused the eye operated on to become straight: but it is better to be quite safe, and I advise you, therefore, always to wait, rather than run the slightest danger of leaving your patient worse than you found him.

It is curious and interesting to observe how very rapidly the vision improves after division of one of the muscles of a squinting eye. In some cases the improvement is immediate. This was first pointed out to me by the late Mr. Adams, who wrote some papers on what he called muscular amaurosis. I never agreed in his opinion, that compression of the optic nerve by the recti muscles was the cause of the impaired vision; for, looking to the anatomical arrangement of the nerve and muscles, I do not see how this compression could be exerted. I think it much more reasonable to believe that the muscle which produces distortion alters the form of the eye-ball, or makes such unequal pressure upon it as to alter the natural relations between the cornea, lens, vitreous humour, and retina, so that the rays of light are not refracted in the same degree or with the same regularity as they are in the healthy eye. Admitting this, we

can understand the instantaneous improvement of vision we often observe as soon as a muscle has been divided, and the gradual improvement still more frequently observed as the eye assumes and maintains its normal position.

There are many other points to which I might allude with regard to strabismus, the mode of performing the operation, the after-treatment, and so on; but, at present, other cases require notice.

Four cases of *nævi* have been cured here lately. Three of these I cured by ligature, and one by the galvanic cautery. The last case was just on the tip of the nose, and within the right nostril—a troublesome situation for ligature. Two applications of the cautery completely removed it. I am inclined to think that this mode of treatment may supersede the ligature in very many cases; but I have not had sufficient experience as yet to speak with confidence. It is certainly less painful to the child. I hope, however to see some improvement made in the form of battery. The one we have here is a Grove's battery of eight small cells. It is portable; but the fumes from the strong nitric acid used are unpleasant, and it is scarcely powerful enough, not heating more than an inch of thin platinum wire. Mr. Meinig was here two or three weeks since, and brought a very powerful battery, which he had made at my suggestion. Indeed, it was too powerful, for it fused wire as thick as we ever want to use, and raised a piece a foot long to a brilliant heat almost instantaneously. He assured me that it would retain this power for thirty-six hours without renewing the solutions. There are only six cells. They are surrounded inside by a zinc plate, are filled with a solution of common salt, and contain a porous cell, which is filled with nitric acid, into which a cylinder of antimony is immersed, and the connexion is made as in a Grove's battery. The cells are covered with gutta percha caps, so that none of the fumes of the acid escape, and the whole is closed in a box, so that the patient sees nothing but the wires. These are great advantages; and, if the battery can be made more portable, it will be very convenient for private practice. It answers exceedingly well for Hospital practice as it is. To return, however, to the cases of nævi. I tried the subcutaneous ligature in one. The nævus was about the size of a walnut, on the scalp of a child four months old. It appeared to be almost, if not entirelp, subcutaneous. I passed a threaded curved needle through the sound skin, just beyond the circumference of the nævus, carried it round for about a quarter of the circle, and brought it out again with the thread, leaving one end of the thread, however, hanging from the first point of puncture. Then I re-introduced the needle through the puncture it had made just before, and carried it inwards as at first, passing it out and in again through the same points, until at last it was brought out at the spot where it was first inserted, and the two ends of the thread hung out at this same spot. Of course, a loop of thread was thus carried beneath the skin all round the nævus; and, on tightening the ends, the nævus was strangulated. If a nævus be small, this is sufficient; but, if large, the knot should be tied over a piece of bougie, which can be twisted each day after the operation, until the thread cuts its way through the base of the nævus. In this case the thread came away on the fourth day, the tumor felt flabby, some fetid

purulent matter oozed from some of the points of puncture, and so it went on for about a fortnight, until the punctures began to ulcerate, and the child's mother to be impatient, and I thought it better to tie the tumor in the ordinary manner by passing two pins across its base at right angles to each other, and tying thread around between the pins and the skin. This answered perfectly, as it always does. The parts included in the ligature died and came away on the fourth day. The more experience I have of other methods, the better I am satisfied with this. It destroys the skin, it is true; but, even in cases where the nævus is almost entirely subcutaneous, attempts to save the skin by subcutaneous ligatures are often not successful, and we are obliged, as in the case we have just described, to perform a second operation, if the patient does not go to some other Surgeon to have it done. It appears a cruel sort of thing to tie up the skin of a young child until the thread cuts its way through; but sf the skin be just divided with a lancet in the line of the ligature, this part of the process is hastened. The proceeding cannot be very painful; for children take the breast and remain quite cheerful until the slough separates. A healthy granulating surface remains, which only requires simple dressing, or at most an occasional touch of nitrate of silver. I have succeeded with the subcutaneous ligature; but it has more frequently disappointed me, and I am almost inclined to discard it, except in some rare and peculiar cases.

THERAPEUTICAL RECORD.

Albugo. Electro-puncture —Dr. D. Tavignot (Bull. de Thér., Juillet, p 49) relates the following:—A young girl, of 19, was attacked with catarrhal conjunctivitis, with enormous chemosis, and infiltration of the cornea with lymph, and a central ulceration occurred, then resolution took place, and finally central albugo was left. After simple acu-puncture, in order to accustom the eye in some measure, the electro-puncture was used. After four sittings, of some minutes each, at least two-thirds of the exuded matter were removed, but the pain was so severe at each application that the patient would not continue the remedy.

Chloroform, or its vapour, has been used frequently since Hardy's paper in the Dublin Journal, in Nov. 1853. The results have been variable, but in many cases insensibility has not been caused. Figuier has used *warm* chloroform vapour, a little apparatus being used, with a small spirit lamp, over which chloroform vapour is driven.

Anasarca (*Renal.*) *Spartium Scoparium.*—Dr. Alvarey (Bull. de Thér., Avril) has employed the infusion of this plant, as recommended by Rayer, in one case. In fourteen days the dropsy and the albuminuria had both disappeared.

Castor Oil.—Dr. George Johnson (Medical Times and Gazette, Sept.) speaks in high terms of castor oil. He administers half an ounce every half-hour in water; gives cold water *ad libitum*; employs external warmth, but gives no stimulants or opium. Out of fifteen cases of collapsed cholera he saved twelve.

In the 'Times' of September 21st is a Report, presented to the Board of Health by the Medical Council, in which Dr. Johnson's plan of treatment is reported on. It appears that it has been unsuccessful in the hands of others. Out of 89 cases treated by fourteen different practitions, no less than 68, or 76-4 per cent., were fatal.

Croton Oil.—Dr. Stark (Lancet, Sept.) recommends croton oil in cholera: one drop with colocynth every hour, "till a full evacuation of bilious matter is procured." Diluted sulphuric acid, with a little sulphurous acid, is sometimes simultaneously employed to check the vomiting.

Production of Artificial Dropsy in Cholera.—Mr. Richardson (Assoc. Med. Journal., Sept.) proposes to inject fluid into the peritoneal cavity of the cellular tissue, under the idea that it will be absorbed readily. Some experiments are related to show how easily and how safely the plan may be carried out. We are not aware that it has been tried on any cholera case. [Unfortunately, we are afraid that this ingenious suggestion will like other plans, not succeed. Strychnine, iodide of potassium, and other remedies, have been injected into the cellular tissue, but have not been absorbed.]

Sulphuret of Potassium.—Dr. Fromentel (L'Union, Aout) dissolves this substance in water, with or without sugar, and gives a tablespoonful in cholera every half-hour or hour.

Sulphuric Acid.—Dr. Fuller (Med. Times and Gazette, August) repeats the favourable opinion he formerly expressed of the utility of this remedy. One ounce of the dilute acid of the 'Pharmacopœia' is added to eleven ounces of water, and one ounce and half are given every twenty or thirty minutes, according to the severity of the case. Six or eight doses altogether are given.

Erysipelas. Tincture of Iodine.—Dr. Durkee (Amer. Journ. of Med. Science, July, p. 108) recommends the local application of the ætherial solution of iodine, poured in quantities of twenty or thirty drops upon the part, and immediately spread over the surface with a brush. The skin is to be made nearly black with the iodine.

Fever (Intermittent). Phosphorus in Oil of Turpentine.—This remedy has been employed by Dr. Schreiber (Schmidt's Jahrb., 1854, No. 3, p. 298) with good effect. He dissolves two grains of phosphorus in three drachms of the oil, and gives fifteen drops every hour.

Gonorrhœa. Subnitrate of Bismuth.—Both in acute and chronic gonorrhœa Dr. Baby employs, three times daily, an injection, composed of water mixed with as much trisnitrate of bismuth as can be suspended. It is to be retained five minutes; it cause no pain.

Hemicrania. Caffein.—Eulenberg speaks highly (Allg. Méd. Central Zeit., and L'Union Méd., Juin) of the effect of caffein in hemicrania, in doses of one grain and a half every two or three hours. He has also

employed the citrate of caffein. On account of the dearness of caffein he has used with good effect the extract of coffee, four grains of which are equal to one grain of caffein.

PERISCOPE.

ENGLISH.

Blood-Crystallization.—L. Teichmann has succeeded in obtaining crystals from blood without any preparatory evaporation, by the addition of four, five, or more parts of water to one of blood, and allowing the fluid to stand sufficiently long. In this way, and by the insertion of a small piece of cork under one of the angles of the covering glass, he has produced crystallization in the blood of all the animals he examined, and in all the bloodvessels indiscriminately. His observations were conducted on the blood of man, oxen, swine, rabbits, pigeons, and fish; frogs' blood, for a time, formed the only exception. This observer believes that the crystallizable substance is contained in the blood-corpuscles; he has procured crystals from the filtered washings of the blood-cake, and states that he found them more perfect the more the corpuscles were freed from serum and fibrin. With regard to the influence of temperature, he has observed that the slower the evaporation takes place, the more complete will the crystals be; but if it be required to produce them quickly, the temperature may be slightly raised, but it must not be carried to the point at which the albumen coagulates. In subsequent experiments on frogs' blood, he procured crystals by the addition of a very considerable quantity of water, at a very low temperature; the quantity of the crystals was proportionately smaller than in other specimens of blood, and they are always colourless when thus obtained. From blood four months old, and also from dried blood, he has succeeded in forming crystals.—*Brit. and For. Med.-Chir. Rev.* April, 1854, from *Zeitsch. fur Rat. Med.* Bd. iii.

Influence of Cod Liver Oil and Cocoa-Nut Oil on the Blood.—Dr. Theophilus Thompson read before the Royal Society (April 27, 1854,) a paper on this subject.

He found, that during the administration of cod-liver oil to phthisical patients their blood grew richer in red corpuscles, and he refers to a previous observation of Dr. Franz Simon to the same effect. The use of almond-oil and olive-oil was not followed by any remedial effect; but from cocoa-nut oil, results were obtained almost as decided as from the oil of the liver of the cod, and the author believes it may turn out to be

a useful substitute. The oil employed was a pure cocoa oleine, obtained by pressure from crude cocoa-nut oil, as expressed in Ceylon and the Malabar coast from the Copperah or dried cocoa-nut kernel, and refined by being treated with an alkali, and then repeatedly washed with distilled water. It burns with a faint blue flame, showing a comparatively small proportion of carbon, and is undrying. The analysis of the blood was conducted by Mr. Dugald Campbell. The whole quantity abstracted having been weighed, the coagulum was drained on bibulous paper for four or five hours, weighed, and divided into two portions. One portion was weighed, and then dried in a water-oven, to determine the water. The other was macerated in cold water until it became colorless, then moderately dried, and digested with ether and alcohol, to remove fat; and, finally, dried completely, and weighed as fibrin. From the respective weights of the fibrin, and the dry clot, that of the corpuscles was calculated. The following were the results observed in seven different individuals affected with phthisis in different stages of advancement:—

		Red corpuscles.	Fibrin.
First stage, before the use of cod-liver oil	Female	129.26	4.52
	Male	116.53	13.57
First stage, after the use of cod-liver oil	Female	136.47	5.00
	Male	141.53	4.70
Third stage, after the use of cod-liver oil	Male	138.74	2.23
Third stage, after the use of cocoa-nut oil	Female	139.95	2.31
	Male	144.94	4.61

Med. Times and Gaz. June 10, 1854.

Successful mode of treating Mercurial Salivation.—Dr. Normand Chevers states (*Indian Annals of Medical Science*, April 1854), that he has met with uniform and apparently certain success from the use of iodine gargles in the worst cases of mercurial ptyalism. He has found that a gargle containing from two to five drachms of the compound tincture of iodine to eight ounces of water, exerts an absolutely prophylactic or curative influence. He states also, that Mr. Burgess has applied the pure tincture to the whole interior of the mouth, in cases of severe mercurial salivation, with speedy and perfect success.

Dr. Chevers, among other cases, quotes the following, in illustration of the benefit of this treatment:—

"*Cure of ordinary cases of Salivation.*—In February 1852, I attended an officer, ætat 48, in an attack of cholera, which was then raging epidemically in Chittagong. The disease was generally attended with extreme danger, and this case was one of remarkable severity. During the first sixteen hours, I administered seventy-five grains of calomel. On the third day the sputa became tinged with blood, the gums were swollen and tender, and the spaces between the teeth were filled with coagula. A gargle, containing two drachms of compound tincture of iodine, to eight ounces of water, removed all traces of salivation so effectually within about two days, that my patient, although a very in-

telligent man, and a rather active dabbler in physic, never appeared to be aware that he had been subjected to mercurial treatment.

"Early in last year, I was called to attend a lady, about thirty-four years of age, who had been suddenly attacked with an excruciating pain across the umbilical region, which appeared to be associated with a sudden check to the catamenial function, resulting from exposure to a draught while very thinly clad. The symptoms were extremely urgent, and a dose of ten grains of calomel was among the first remedies employed. Relief was obtained almost at once; but on the second day, the tongue was found swollen, and clots occupied the inter-spaces of the teeth, but little uneasiness was complained of. The iodine gargle was employed with such rapid success, that the patient scarcely referred a second time to the condition of her mouth.

"*Employment of Iodine as a Prophylactic.*—Of late, I have been in the habit of beginning to employ the gargle in all cases where the quantity of mercury given has been such as to render the occurrence of salivation probable. Judging from a confessedly very limited experience of this measure, I apprehend that its early employment will anticipate the occurrence of salivation in all cases where the constitution is good, and there is little or no visceral disease; that, even under the worst circumstances, it will greatly limit the severity of the action; and that, for the most part, the original disease, on account of which mercury was administered, will have its decline rather favoured than otherwise by the absorption of iodine from the mucous membrane of the mouth. A certain degree of doubt will, of course, attend nearly all details of prophylactic treatment, but I think that the following cases may be regarded as encouraging.

"Early in the last rains, I was requested to visit a medical officer suffering extremely from an attack of ileus, which I attributed to the sudden outflow of a quantity of a highly vitiated bile, acting as an almost corrosive irritant upon the mucous membrane of the small intestines. When called to him, I found him greatly weakened by intense pain and obstinate vomitting, and by oozing from the bites of several leeches which he had himself applied to his abdomen. He had already taken three or more five-grain doses of calomel, which, however had not acted upon the bowels. I administered a ten-grain dose almost immediately; and, the disease remaining obstinate, a scruple dose was recommended by Dr. Miller, who met me in consultation, and was given on the following day. The iodine gargle was employed early; and, although it was nearly certain that a large proportion of from forty-five to fifty grains of calomel must have fully entered the system, ptyalism did not occur.

"In October last, I attended the children of an European for mumps, which was then rather prevalent in Howrah and its vicinity. All these children had suffered from hooping-cough during the preceding winter. The elder boys did well, but the two youngest, aged respectively about two and four years, were suddenly attacked with laryngitis as the swelling of the parotids began to decrease. Although very actively treated, the younger infant died in little more than twenty-four hours from the onset of the laryngeal symptoms. I found the larynx and trachea absolutely occluded by an exceedingly tenacious croupy deposit. The other child's symptoms were equally violent, but he recovered [illegible]

vere treatment, a part of which consisted in the administration of fifteen grains of calomel within as many hours. In a day or two, one or two apthæ appeared on the tongue, yet it could scarcely be said that salivation was present. The gargle was used freely and no further annoyance was experienced, although the tongue has ever since presented that patchy appearance not unfrequently noticed among delicate children in India.

New Test for Sugar in Diabetes. By John Horsley.—If a freely alkaline solution of chromate of potass be mixed with urine suspected to contain sugar, and boiled, the liquor will assume a deep sap green color, arising from the decomposition of the chromic acid, the reduced oxide of chromium being held in suspension by the potassa,

Such is the sensitiveness of this test, that five or six drops only of saccharine urine diffused through water is sufficient to show the effect, which is infinitely more striking than even Moore's potassa or Trommer's Test.

I would, therefore, recommend a mixture, in equal parts, of a solution of the neutral chromate of potassa and liquor potassæ, to be kept in the Chemical Cabinet of every chemical practitioner, labelled "Test for Sugar." The following two experiments beautifully illustrate the value of this process in the detection of sugar under any circumstances:

First Experiment.—Take a small test tube, and having put into it ten or twelve drops of simple syrup (cane sugar) and diluted it with water, add a few drops of the test mentioned, and apply the heat of a spirit lamp. No effect will be produced.

Second Experiment.—Take another test tube, and having put the same quantity of simple syrup diluted with water, and two or three drops of acid, sulph. dil. and boil for a few minutes; this will convert the cane into grape sugar. If we now add a few drops of the test and apply heat, the effect becomes striking, developed in the change of the color of the liquid to an intense green.

When the quantity of sugar is very small, a piece of white paper at the back of the test tube will show the color more distinctly.—*London Chemist.*

GERMAN.

Poisoning by Strychnine.—Poljuta, assistant at the Veterinary School at Chartrow, publishes in the Russian Medical Times his experiments on horses, in which he shows that these animals can bear large doses of strychnine when an opening has been made into the trachea. The cause of death from strychnine is interruption of the respiratory process by tonic spasm of the glottis, hastened by over-activity of the heart. For the general spasms of the other muscles, Poljata employs chloroform with success.—[Medizinische Neuigkeiten for October.]

Iron and Collodion in Erysipelas.—Dr. Aran employs equal parts of tincture of iron and collodion (solution of gun cotton) in this affection. This application possesses many advantages over simple collodion, among others, in being thinner and more equally distributable, and in not falling off on movement of the part.—Ibid.

Prolapsus of the Funis Umbilicalis—In Scanzoni's contributions to obstetrics, Seyffert offers a few remarks on the aetiology and management of this complication, so fraught with danger to the unborn infant. After very great experience in the obstetric art, he comes to the conclusion that no *general* rules can be laid down for the management of prolapsus funis. He denounces the use of most instruments as of little worth. Hand and forceps well employed will meet most exigencies, He suggests the following as the causes of prolapsus :

1. Narrowness of the pelvis, abnormal position or size of child. In head presentations, well formed *pelves*, and not too much liq. amnii ; the child, at an early stage, lies low in the uterus; but in a narrow pelvis, large head, much liquor amnii, and where the promontory projects too far, or unequally to either side, the child's head does not become engaged in the pelvis, but lies on one side, leaving abundance of room on the other for the prolapsus. In such cases, reposition, by means of the hand, should be attempted (rarely by means of instruments), and the cord placed in its proper position, and kept there until a few pains engage the head. If the *accoucheur* fails in this, the directions of Siebold, Busch, and Wiegaud, will not influence the result; for if it cannot be maintained *in situ* by the hand, it cannot by a sponge ; to alter the position of the head is alike ineffective.

2. Oblique Position of the Fœtus.—In one case Seyffert was fortunate enough to return the cord, and retain it there until the complete evacuation of the "waters;" in two others the children were removed by forceps—alive.

3. Presentation of an Upper Extremity with the Head, whereby the head is prevented descending, and the cord slipped down alongside the hand. In two cases, in which the water had already flown, the hand only could be returned, and delivery was completed by the forceps. The children were apparently dead, but revived. In two other cases, the hand and head were returned before the discharge of "waters."

4. Large quantity of Amnial Secretion and Lengthy Cord. In six such cases delivery by the forceps; children born alive in five.

5. Low Position of Placenta, in neighbourhood of Os. Four such cases were observed by Seyffert and Naegele. In two cases were live children brought forth by forceps; in two, still-born.

6. Breech Presentation with Prolapsus. Four such cases were observed. In three pulsation was not interfered with as long as the cord did not rest below the buttocks. In three of those delivery of living children was accomplished with the forceps.—[Scanzoni's Beitragen zur Geburtshilfe.]

FRENCH.

Purgatifs contre le choléra (Gorlier).—Selon moi, dit M. Gorlier, le purgatif est indiqué contre :

Les premiers prodromes, même les plus légers ;

Contre les évacuations stomacales ou intestinales, existant ensemble ou séparément ;

Contre tous les accidents nerveux quels qu'ils soient.

Il est bien entendu que le purgatif n'est plus indiqué quand il s'agit d'un agonisant. On fait alors ce qu'on peut : *Ad extremos extrema.*

Jamais je n'ai eu recours aux boissons alcooliques pour arrêter le vomissement : mon purgatif m'a toujours suffi. C'est la limonade au citrate de magnésie, boisson fort agréable, quand elle est bien préparée, le premier verre est quelquefois rejeté, mais les autres sont constamment gardés.

Je la préfère au sulfate de soude, dont la saveur est désagréble, et qui est ordinairement mal accepté par l'estomac.

Comme moyen prophylactique, au sulfate de quinine, je préfère encose ma limonade, qui nettoie, qui débarrasse ; mais je trouve à ces médicaments l'inconvénient d'endormir dans une sécurité trompeuse le client qui, se croyant à l'abri, négligera des symptômes, qui, dans toute autre circonstance, le feraient recourir au médecin.

Vinaigre, potion, bains ferrés artificiels (Lambossy).—La *potion ferrée* est destinée a faire prendre le remède à l'état naissant. Pour cela on prépare deux bouteilles.

La première contient :

Sulfate de protoxyde de fer pur.....	10	gram.
Eau destillée.....	250	—

La seconde contient :

Bicarbonate de soude.....	15	gram.
Eau distillée.....	150	—

Le malade prend trois fois ie jour, avant le repas, une cuillerée à café de chaque remède dans un demi-verre d'eau et l'avale immédiatement avant que le dépôt blanc verdâtre de corbonate ferreux ait eu le temps de changer de couleur. On peut augmenter progressivement les doses.

Le *vinaigre ferré* est destiné à préparer les bains ferrés artificiels ; on prend pour cela de la limaille ou de la tournure de fer que l'on dépose dans une bouteille de vinaigre fort. Au bout de quelques jours, l'acétate de fer est formé ; cet acétate, versé dans un bain tiède, constitue le bain ferrugineux ordinaire, mais on peut en augmenter la force en ajoutant au vinaigre un verre d'acide chlorhydrique qui agit avec plus d'énergie sur le fer, et ajoute au bain un nouveau principe, le chlorure de fer. Ces moyens peuvent être employés dans le cas où le fer ne peut être supporté ou assimilé par les voies digestives.

Élixir de Villette.—Dans un vase suffisamment grand, faites macérer pendant un mois.

Résine de gaiac pulvérisé.....	1,500 gramm.
Rhum.....	37 kilo 500.

Décantez ou mieux filtrez.

D'un autre côté, faite digérer pendant un mois également :

Ecorce de kina jaune concassée.....	3 kilo.
Fleurs de coquelicot.....	1,500
Sassafras, en copeaux.....	750
Eau-de-vie.....	25 kilo.
Eau pure.....	100 —

Filtrez comme ci-dessus.

En troisième lieu, prenez :

Salsepareille fendue ou coupée.....	500 gram.
Liqueur de la seconde opération.....	12,500

Faites bouillir pendant deux ou trois heures, passez à travers un linge, et avec :

Sucre.....	6,250

Faites un sirop marquant 34 degrés bouillant.

Réunissez toutes les liqueurs et le sirop dans un même vase, agitez le tout de temps en temps, et, après un mois, décantez ou filtrez, et mettez en bouteilles.

Cet élixir, désigné encore sous le nom d'*Elixir de gaiac dulcifié*, combat avantageusement les affections goutteuses et rhumatismales.

On le donne à la dose d'un petit verre à liqueur (15 grammes) le matin à jeun pour les adultes, d'une cuillerée à bouche pour les femmes.

Les enfants faibles et délicats se trouveront bien de son usage. Pour eux, la dose sera d'une cuillerée à café.

Seigle ergoté contre les écoulements blennorrhagiques passés a l'état chronique (Antoine Lazowki, d. m. m.).—J'ai, dans mes précédents Annuaires, indiqué plusieurs applications du seigle ergoté. En voici une qui peut se rattacher à celles que nous avons déjà fait connaître, et paraîtra peut-être intéressante aux praticiens.

" Quand l'écoulement est entretenu par un état d'atonie de tout le système ou seulement des organes génitaux, la vessie, la prostate ou le canal de l'urètre sont isolément ou simultanément frappés d'un relâchement qui entretient la blennorrhagie. L'emploi des moyens qui ont une action excitante spéciale sur ces organes est parfaitement indiqué : dans cette classe se trouve le seigle ergoté, dont l'action devient plus manifeste quand on l'associe aux ferrugineux.

" L'expérience m'a démontré pleinement la justesse de ces vues théoriques ; aussi ai-je pu guérir par ce moyen un grand nombre d'écoulements qui avaient fait pendant longtemps le désespoir des malades et des médecins. Bien plus, certaines blennorrhées chroniques, compliquées de rétrécissements de l'urètre peu intenses, ont cédé quelquefois à l'emploi du seigle ergoté, ou tout au moins ont rendu la guérison plus facile et plus prompte.

" La formule que j'emploie est la suivante :

Seigle ergoté, récemment pulvérisé....	4 gram.
Safran de mars apéritif.....	5,50 centigr.
Poudre de vanille.....	0,25 —
Camphre pulvérisé.....	0,25 —

" Mêlez et divisez en paquets, que l'ont doit prendre : un le matin à jeun, et un autre le soir en se couchant.

" La durée moyenne du traitement est de dix à vingt jours, pendant lesquels il est inutile de soumettre les malades à une diète trop rigoureuse. D'ordinaire je prescris simultanément une décoction légère de quinquina gris.

" Jusqu'à présent, je n'ai pas mis en usage l'extrait aqueux de seigle ergoté, que M. Bonjeau a improprement nommé ergotine. Il est à supposer cependant qu'il agirait de la même manière que la poudre d'ergot de seigle. Quoi qu'il en soit, je désire vivement que les praticiens veuillent bien expérimenter ce nouveau mode de traitement ; je suis persuadé qu'ils trouveront, comme moi, dans le seigle ergoté, un médicament précieux pour combattre les écoulements blennorrhagiques anciens chez l'homme et chez la femme."—(*Revue therapeutique du Midi.*)

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

INSANE IN CANADA.

Some time ago we wrote an article with the view of calling the attention of Government to the urgent necessity which exists for the immediate erection of additional Asylums for the reception of the lunatic population of the Province. The simple announcement by the public press, that the Superintendant of the Toronto Asylum had signified his determination not to admit the name of another patient on his already overcrowded list of inmates, was sufficient warranty to us to speak plainly and decidedly on the subject. We were aware, at the same time, that Beauport could not conveniently accommodate another lunatic; and that our common Gaol contained within its walls a number of those unfortunates. The total number of insane in Upper and Lower Canada was a point on which, from the absence of all reliable information, we could not speak with any certainty, and we were thus deprived of a strong argument. Since then, however, the second portion of the Census Report of Canada has made its appearance, and we are now in a position to lay before our readers the actual number of persons laboring under mental alienation, with the number which are at

present enjoying the benefits of proper treatment in Asylums. We are certain the people of Canada need only to be convinced of the existing shamefully insufficient accommodation to demand from the Legislature the appropriation of a sum necessary to erect, at least, two good Hospitals for the insane. Public attention once fully roused to the disgraceful state in which things are, the remedy will not long be forthcoming.

According to the Census Report there are now in Upper Canada 1069 persons of unsound mind; in Lower Canada there are 1733, making a total for the Province of 2802. Of these, 1410 are males—1392 females. The whole population, according to the same Report, is 1,842,103; the eastern section containing 880,261; the western, 951,742. The proportion of lunatics to the entire population will therefore be 1 to 657. This is a ratio greater than obtains in most countries. In England, France, United States, Belgium and Prussia, the ratio is 1 to 1000. In Scotland and Norway, however, the ratio is greater. In the former it is 1 to 573; in the latter, 1 to 551. It would appear that the temperature of a climate has an influence over the mental health of individuals,—cold climates being more favorable to the development of insanity than either warm or temperate climates. Sunny Italy has but 1 lunatic to 4,787 persons of sound mind; temperate England and France have 1 to 1000; but cold Norway, Scotland and Canada have 1 to about 600 A comparison of the prevalence of insanity in the two sections of the Province favors this opinion. In Upper Canada the climate is more equable throughout the year, and is much more temperate during the winter months than in Lower Canada. In the former the numbers of insane and entire population are respectively 1,069 and 951,742, the ratio being as 1 to 891; in the latter the numbers are 1733 and 880,261, the proportion being as 1 to 508. Here is a disparity not easily to be accounted for. A greater number of the population being engaged in agricultural pursuits—the quiet, retired habits of the French Canadian *habitan*, and the intense cold of the long winters, are probably the reasons why the difference is so great between Upper and Lower Canada.

Having placed these statistics before our readers, we now proceed to inform them of the provision which the public-spirited and philanthropic Legislature of Canada has made for her 2802 lunatics. We blush for our country as we send forth these statements to the world. There is the Provincial Lunatic Asylum at Toronto, built for the reception of 250 patients, although now containing nearly 400; and the Beauport Asylum at Quebec, capable of accommodating about 150 patients; accommodation being provided by Canada for only 400 of her 2802 insane population. This is surely an evil of no ordinary magnitude. Notwithstanding that these facts must be known to those in authority, Par-

liament is allowed to assemble and separate, yet not a solitary voice is raised during the session, to solicit the adoption of measures whereby this foul blot on our character, as a civilized and Christian community, might be wiped away for ever. Monies are voted, and voted freely too, for the furtherance of various objects, but for the cause of the poor lunatic, the cause of him whom an inscrutable Providence has allowed to become the most pitiable and helpless of men, not one penny has been appropriated. Persons who have made insanity the subject of observation, must be painfully impressed with the inhumanity of our Legislature, knowing as they do that a large proportion of insane cases, if submitted to proper treatment at an early period, will be restored to their original vigour of mind; but the same cases allowed to be confined and watched over by friends or the *employes* of a common gaol, will certainly result in incurable insanity. It is a question pregnant with sorrowful and distressing reflections—how many of the 2,802 lunatics, at present within the borders of Canada, if properly treated, would be rejoicing in the possession of an unclouded reason, who are now furious maniacs, stolid melancholies, or drivelling idiots?

We must have, as we said before, *two* good Hospitals for the Insane,—each to accommodate 250 patients, and to include all the improvements introduced into modern asylums. One of these should be erected in the vicinity of Montreal. Government now own twenty-nine acres of land near the city, admirably situated for an Insane Asylum. This property lies between the Tanneries de Rolland and the city, and is on the elevated *plateau* which extends from the Tanneries, in one direction towards Lachine, in the other towards Montreal. It possesses all the advantages sought in the selection of a site on which to erect an Hospital for the Insane. It is airy and elevated—the land is dry and fertile—the scenery is diversified—it is easily accessible from the city at all seasons of the year, and above all, an abundant supply of water might be obtained by having a large branch pipe laid down from the tube of the new water works, where it attains the summit of the ridge, after passing through the Hon. Mr. Quesnel's grounds. The property, moreover, extending down the hill, offers excellent facilities for thorough drainage and sewerage. The only objection that can be raised against this site, is the limited extent of the grounds. This objection may be readily obviated, as an additional quantity of adjoining land, we have been given to understand, can be easily obtained. It was originally purchased with a view to the erection of an Asylum for the Insane upon it, and the purchase was made as far back as the time of Lord Seaton's administration. This nobleman, with his privy council, appointed a commission, consisting of the late Dr. Robertson, Dr. Crawford, and Mr. Lunn,

to take steps towards establishing a temporary Lunatic Asylum, and £2,000 were appropriated to assist in carrying out the objects of the formation of the commission. In addition to the purchase of the property, the commission received plans for the elevation of the building, two of which were approved and paid for. Mr. Ostell, of Montreal, and Dr. Luther V. Bell, President of the "American Association of Medical Superintendents of Institutions for the Insane," were the successful competitors. The plan submitted by the former gentleman was placed first, and he received £50; that of the latter, second, and he was paid £25.

We earnestly hope to see active steps taken in this matter immediately. The country wants these Institutions for the Insane — a common humanity demands them; and the country, for the sake of unfortunate humanity, must have them.

Medical Men for Emigrant Ships.—By the 15th and 16th Vic., cap. XLIV, sec. 38, every passenger ship is bound to carry a *duly qualified* Medical practitioner, in the following cases:—1. When the duration of a voyage exceeds in a sailer 80 days, and in a steamer 45 days, and the number of persons on board (including crew) exceeds 50. 2. When the voyage is to North America, and the passengers exceed 100 adults, and the space for each is less than 14 feet. 3. When, whatever the destination or the space, the number of persons on board exceeds 500. Penalty, £50. But by the Merchant Shipping Act (1854) clause 219, to come into operation 1st of January, 1855, it is provided that the following ships shall carry on board, as part of their complement, some person duly authorized by law to practise as physician, surgeon or apothecary:—1. Every foreign-going ship having 100 persons or upwards on board. 2. Every ship having 50 persons or upwards on board, which is bound on a voyage from the United Kingdom to the eastward of the Cape of Good Hope, or to the westward of Cape Horn, or to any place on the west coast of Africa, or the east coast of central or south America, or to the Falkland Islands. Penalty, £100.

Improvements in Modern Surgery.—We have received from Henry Smith, Esqr., a copy of the Oration delivered by him, March 8, 1854, before the Medical Society of London, at the eighty-first anniversary. In this oration, Mr. Smith, after a passing tribute to the worth and talents of the late lamented Frederick William Barlowe, notices in succession some of the leading improvements which have, of late years,

been introduced into the science and art of surgery. The first in the list is the simple water dressing of Liston, which is now employed to the complete exclusion of the unctuous envelopes and complicated bandages of former days. Mr. Henry Lee's valuable researches on Pyæmia; Mr. Luke's suspending splint in cases of fracture; Sir Benj. Brodie's investigations into the true pathology of diseased joints; Mr. Guy's practice of making a free incision into disorganized articulations; Dr. Little and Messrs. Tamplin & Bishop's improvements in Orthopœdic Surgery, by which many deformities of the body may be successfully treated; Mr. Fergusson's method of dividing the fibres of the levator palati muscle in cleft palate; Drs. Hutton, Cusack and Bellingham's celebrated treatment of aneurism by compression; Syme's amputations at the joints, and excision of diseased bone, in certain cases, in preference to removal of the limb; and lastly, Simpson's great discovery of the anæsthetic properties of chloroform are the improvements particularly dwelt upon. Altogether, it is a very creditable paper, and exhibits, on the part of the writer, a familiar acquaintance with the literature of modern surgery.

More ambition among the extra collegiates.—Dr. Valois' Bill, printed in a late number of our journal, having proved, as no one doubted, a failure, is now seeing the corruption of decay. From its ashes, however, which appear to be more turbulent than peaceful, a phœnix-like creature is arising; the fostering clucking over which devolves on Mr. Taché. Just as we are going to press, and this must be the apology for our brevity, we have seen the notice of an address to the Imperial Government, praying for authority to pass a bill to subject to an examination by the Provincial Board of Medicine, all candidates who are the bearers of Diplomas from the different colleges and Universities. This grand event completes the personification of the extra collegiates by the man who, when he could not raise his edifice to the eminence of an adjoining structure, set about thinking how he might pull down the eyesore to his own level.

Montreal Pharmaceutical Association.—At a meeting of the Druggists' Assistants and Apprentices, held on the 17th November, with a view of organizing a society for improving themselves in their profession The society being constituted and named the "Montreal Pharmaceutical Association," the following gentlemen were elected officers for the present year:—Johnston Beer, president; Richard Jenner, vice-pres.; Charles Vanfelson, sec.; Kenneth Campbell, treas.

TO CORRESPONDENTS.

Professor Robb will receive our thanks for his attentions. *Inquirer* will appear in our next. *Dr. Neimier* will hear from us privately.

Quarterly Report of the Montreal General Hospital, ending 31st October, 1854.

Remaining from last Quarter	85	Discharged cured	314
Admitted	333	Died	26
		Remaining	78
	418		418
In-Door Patients.		*Out-Door Patients.*	
Males	178	Males	347
Females	155	Females	349
	333		696

Diseases and Accidents.

Disease.	Admitted.	Died.	Disease.	Admitted.	Died.	Disease.	Admitted.	Died.
Abscessus	3		Endopericarditis	1		Morbus Cordis	3	
Acne	1		Epilepsia	1		Neuralgia	2	
Amenorrhœa	2		Erysipelas	1		Œdæma	1	
Anasarca	2		Erythema	2		Ophthalmia	11	
Arthritis	2		Febris Com. Cont.	37		" Gonorr	1	
Ascites	3	1	" Ephemeral	1		Orchitis	1	
Asomnia	1		" Intermit	7		Ostitis	1	
Bronchitis	5		" Typhoid	8	2	Paralysis	4	
Bursitis	1		" Typhus	1		Paronychia	2	
Cancer	2		Fistula in Ano	1		Pericarditis	1	
Caries	1		Fractura, simple	6		Phthisis	3	2
Cataract	2		" common	2		Pleurodynia	1	
Cephalalgia	1		" com et con	1		Pneumonia	1	
Cholera Asiatica†	27	11	Furunculus	1		Prolapsus Ani	1	
" Canadensis	9	1	Gonorrhœa	4		Rheumatismus	13	
Compressio Cerebri	1	1	Hemoptasin	1		Scabies	2	
Concussio	1		Hemorrhoido	2		Scarlatina	1	
Conjunctivitis	10		Hernia	1		Sclerotitis	1	
Constipatio	4		Herpes	1		Spermatorrhœa	1	
Contusio	6		Hypochondriasis	5		Synovitis	3	
Corneitis	2		Hysteria	2		Syphilis	10	1
Coup de Soleil	1		Icterus	2		Syphilis cum vario	1	1
Debilitas	6	1	Inebritas	1		Tic Douloureux	1	
Delirium Tremens	12		Iritis	1		Ulcus	15	
Diarrhœa	34	4	Lepra	1		Varices	2	
Dysenteria	5		Mania Puerp	1		Variola	6	1
Eczema	1		Marasmus	1		Vulnus	3	
Emesis	3							

* In addition to the deaths mentioned above, there were 33 who died within three days after admission, and whose names were consequently not entered in the ordinary registers. This makes the total number of deaths during the quarter to be 59.

† There were 29 additional cases of cholera which proved fatal within three days after admission, making the total number of cases during the quarter, 56; and the number o deaths, 40,

Operations during the Quarter.

Major amputation of leg, 1; cancers excised, 2; encysted tumor removed, 1; circumcision, 2. Total, 6.

Fractures and Dislocations.—Simple fractures, intern., 6; extern., 1; common fract., 2; comp. and common, 1; Dislocation, 1. Total, 11.

Minor; Bleeding, 3; cupping, 10; leeching, 6, issue, 1; wounds dressed, 3; hot harrower, 8; Acupuncture, 2; Abscesses opened and dressed, 21; teeth extracted, 59. Total, 108.

Attending Physicians, Drs. Wright & Jones.

Robert Craik, M.D., House Surgeon.

BOOKS RECEIVED FOR REVIEW.

Hassall's Microscopical Anatomy. 2 vols. 1854.

Dublin Dissector. Third American, from fifth and enlarged Dublin Edition.

Comstock's Popular Physiology. From Messrs. Samuel S. & Wm. Wood, New York.

Harris' Dictionary of Medicine and Dental Surgery. From Messrs. Lindsay & Blakiston, Philadelphia.

Jones and Seiveking's Pathological Anatomy. First American Edition, revised.

Gross on Foreign Bodies in the Air Passages. 1854.

West on the Pathological Importance of Ulceration of the Os Uteri. 1854. From Messrs. Blanchard and Lee, Philadelphia.

Bigelow's Nature in Disease, and other Writings. From Messrs. Ticknor and Fields, Boston.

Kirkbride on Hospitals for the Insane. From the Author.

Galt on Insanity in Italy. From the Author.

Report of the Select Committee of the Senate of the United States on the Sickness and Mortality on board Emigrant Ships. From Hon. Hamilton Fish, Chairman of Committee.

Positive Medical Agents: Alkaloids and Resinoids. From Messrs B. Keith and Co., American Chemical Institute.

CATALOGUE OF BOOKS.—We have reviewed Messrs. Wood and Co.'s Catalogue of Books for 1854. It includes, with recent works, many old and rare volumes on medical science. Any book ordered direct from this house will be sent through the Post Office free of expense. The address is:—Messrs. Samuel S. and William Wood, 261 Pearl Street, New York.

MEDICAL NEWS.

Dr. West has resigned the office of Physician to the Hospital for Sick Children, London, and Dr. Kirkes is a candidate for the post.——The Medical Society of Virginia offers a prize medal of $50 for the best essay "on pneumonia," to be presented before March 1855. ——The Boyleston premium for 1854, of $60 each, have been awarded to Silas Durkee, M.D., of Boston, for the best dissertation "on the constitutional treatment of syphilis," and to George H. Lyman, M.D., "on the non-malignant diseases of the uterus.——At a meeting of citizens of Savannah, on the 14th October, the Mayor presiding, a service of plate was presented to Drs. Redwood and Hamilton of Mobile, and Dr. Cross of New Orleans, in token of gratitude for their services during the late epidemic of yellow fever.——Drs. Dowler and Gibson, one of New Orleans, and the other of San Francisco, publish descriptions of viviporous fish seen by them. Dr. Dowler's was caught in the New Orleans Canal, and measured two inches and three-quarters in circumference.——At a General Board of Governors of the Rotundo Lying-in-Hospital, Dublin, held on the 3rd November, Alfred H. McClintock, Esq., M.D., M.R.I.A., Fellow and Examiner of Midwifery in the Royal College of Surgeons in Ireland, &c., was elected to the office of master, in the place of Dr. Shekelton.——A final blow has been struck at the moustache movement. The lecturers at the Charing Cross Hospital School, London, are said to have sent to a candidate for the honor of becoming a colleague, an intimation that he could not be received until he had sacrificed a favorite moustache.——Dr. Thomson, to whom was assigned the hazardous but honorable duty of tending the wounded Russians on the plains of Alma, and whose melancholy death from cholera occurred on the 5th ult., after rejoining the camp, was a native of Cromarty, in the North of Scotland. Dr. Thomson entered the army in the month of February, 1848, and at the period of his death was in the thirtieth year of his age.

THE

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ORIGINAL COMMUNICATIONS.

ART. XXX.—*Contributions to Clinical Medicine.* By JAS. CRAWFORD, M.D., Professor of Clinical Medicine, McGill College.

Case of intermittent Fever, with temporary Hemiplegia.

Alexander Craig, a native of Scotland, 28 years of age, a house painter, about two years arrived in Canada, of temperate and steady habits, and generally enjoying good health, till about 20th October, when he was seized with a chill, followed by a smart fever, and attended with delirium, which lasted about 18 or 20 hours, and terminated in a slight perspiration, the whole paroxysm lasting about 24 hours. Next day there was slight fever which confined him to bed, and on the following day he was quite free from it. From this period till I was called to see him, he states that he daily labored under more or less fever, or malaise, which prevented him from going to his work, except for two days.

He sent for me on the 11th November, when I found him in a small, ill-ventilated, dark room, in a lane near Craig Street; a situation, however, free from any known source of malaria, although evidently a very unfit residence for a fever patient. I therefore advised that he should be removed to the Montreal General Hospital. He had been previously visited two or three times by a Physician, but his case being, hitherto, slight, very little treatment was had recourse to. He was, then, labouring under a high fever, with excruciating headache; his pulse 120 full; skin hot and dry; face flushed; eyes suffused; great thirst, and he was constantly licking or smacking his lips. He stated that he never had ague, nor was exposed to malaria, that he was aware of; Montreal being the only part of Canada that he had resided in. He attributed his attack to having lain down on the carpet of his room, while over-heated, and in all probability he was correct as to the cause, as he felt a chill at the moment which was followed by fever. On his admission into hospital, I ordered him to be cupped on the back of the neck, to have calomel gr. v.,

pulv. ipecacuanhæ gr. vii., antimonii tartarizatæ g$\frac{1}{8}$, and to have a saline purgative in the morning. The next day he felt easier, but there was still a slight fever; the headache was much relieved by the cupping He was not aware that a blister had been applied, till it was spoken of. He was ordered quinine disulphas gr i., every two hours, during the intermission, and to take calomel gr. i., ulv. dover, gr. v., antim. tartar, $\frac{1}{8}$. every three hours during the febrile paroxysm. From that period the attacks returned generally daily, and were very irregular in the time of accession and degree of violence, and might be termed double tertian; the cold and sweating stages being slight, the febrile stage severe and generally accompanied by headache, which sometimes was very agonizing. The febrifuge and antiperiodic treatment, was continued for about ten days, when the fits appeared to have moderated considerably, and to have assumed a double quartan type, the headache being much lighter, and always relieved by the cupping; the febrifuge treatment was omitted, the quinine continued. From this period till the end of Nov., he appeared to be going on fairly, the fits slight, and sometimes absent, the headache generally much easier, except on two or three occasions; at this period he had been three times cupped.

There was on many occasions a degree of nervous agitation some what resembling Chorea—principally of his loins, sacrum and glutei; which sometimes was so violent, when he attempted to sit up on a chair, as almost to throw him off it, and quite incapacitated him from standing, even when holding on by the bed. Although his arms and hands were in some degree similarly affected, he could control the involuntary motions, by holding some object: which in bed his agitation was not observable. In the night of the 30th Nov., while in a febrile exacerbation, accompanied by delirium, he was suddenly seized with hemiplegia, of the right arm and leg, and he in a great measure lost the power of articulation,—in which state I found him, at my visit next day.—He appeared intellectual, although he made no attempt reply to questions, nor to utter more than "*Oh dear*". He protruded his tongue, on being *signed* to do so; his pupils were natural, there was no indication of fever, or suffering in the countenance, nor flushing of the face; pulse 90, of natural volume. He was ordered to be cupped, and to take calomel gr. v. ol crotonis *m* ij. a blister to be applied to his neck, in the evening, and to have infusion of senna and magnesia sulphas, next morning. At next day visit, (1st Dec.) I found him quite free from any paralytic affection, of his limbs; and he had regained his power of speech. He had no recollection of what had occurred on the previous day, except that he was conscious of having lost the power of his arms, and hand—on the whole he was surprisingly well and free from any

headache. Lest the quinine might have had some injurious influence, it was omitted for some days.

The returns of fever at this period were somewhat of a double quartan type, and generally slight, and he appeared to be progressing very favorably, although weak, and subject to some degree of hysterical or nervous agitation, on occasions, especially on receiving a visit from his wife, when he frequently lost the power of articulation, and could only express his pleasure, by smiling; on the 7th, he had again a return of the hemiplegia; but retained his speech; he was perfectly free from fever, and had some power of drawing up his leg, but none of the arm, he said he had no headache, and retained sensation in the limbs. This attack lasted only about two hours, when he perfectly recovered the power of his limbs. He was again freely purged, and the quinine ordered as before. From this time he gradually recovered, the returns of fever being slight, and at long intervals, and he was discharged on the 20th Dec. Since which period, (he has informed me, that) he had three or four returns of his fever, which on one occasion, was accompanied by delirium. He is now quite well.

This very tedious case, was very anomalous and irregular in its character, and periods attack. The unusually high degree of fever, and excruciating headache, which occasioned delirium, evinced great cephalic determination, and necessitated an active antiphlogistic, and febrifuge treatment, for an affection which usually does not require so energetic a mode and which in all probability averted a more serious paralytic affection.

It is probable that the paralysis would have been of longer duration, had the febrile action been more continued,—the relief which the brain received during the period of intermission, we may presume, permitted it to regain its more healthy tone. The lighter and more transient attack of hemiplegia, I am inclined to class together with the temporary and recurring paralysis of the organs of speech, and also the choreic condition of the lumbar and glutual muscles, as hysterical, although occurring in the male sex, which circumstance is no objection to the view.

ART. XXXII.—*Case of Raptured Uterus.* By T. W. SMYTHE, M.D., Brockville, C. W.

Mrs. M., was taken in her third labor on the evening of the 21st Oct., 1853. She was attended by a *woman* through the night, her labor went on regularly until the next morning about 7 o'clock, when her pains ceased, and I was sent for. On my arrival, I heard from the attendants that her

pains had been regular but slow. No complaint from the patient, but that she was much fatigued and her pains had left her. On examination, I found the head presenting, and well down in the *pelvis*, and all my inquiries as to *symptoms* of *rupture*, being negatived, I viewed the case as merely a temporary suspension of *utarine action*, which I would in a short time be enabled to renew. The patient exhibited no urgent symptoms, and as she stated the child to be living (from, as she supposed) having felt it move. I decided upon a little delay, to allow nature to rally, and with it, renewed action of the womb.

I, however, waited in vain, the patient became impatient and irritable, and all the usual means having failed to excite contraction of the womb, and more urgent symptoms exhibiting themselves, I decided upon instrumental interferance and counsel. Having sent for Dr. McQueen, of this place, and Dr. Scott, of Prescott, (the latter gentleman being, happily in town, at the time,) both of high standing in the profession, and most successful and accomplished accoucheur's, these gentlemen on their arrival, and examination into the case, kindly agreed with the views I had taken, and the treatment pursued, and likewise the necessity of immediate delivery. The forceps were at once applied, and the child in a few moments was born *dead*, and from all the appearances, had been so, three or four days. The child was a *male*, and I should think would weigh eight or nine pounds. The placenta was removed without any difficulty, and the patient made comfortable in bed, feeling perfectly easy. On my visit in the evening, all was appearently right, except the patient complained of a little tenderness on the left side of the abdomen, and I now learned for the first time, that three or four days previous to her labor setting in, she had fallen on the corner of the *banisters*, and hurt herself. I examined the seat of injury, and discovered a small discoloration of the skin, about the size of a shilling, midway between the navel, and the middle of *Poupart's ligament*. Ordered fomentations and a dose of castor oil.

23rd. I found my patient had passed a comfortable night, the fomentations had relieved the tenderness complained of, but the oil had not operated. Ordered a small dose of *calomel* and *jalap*. On my evening visit I was surprised to find, no action on the bowels had taken place, and my suspicions were somewhat aroused by my patient bringing up in mouth fulls, a greenish subtance almost continually.

Another minute examination elicited nothing, but a little tenderness about the seat of injury, on pressure. In addition to the fomentations I placed my patient upon cal: and op: every *three hours*, together with copious injections.

24th. Much improved, vomiting not so freqaent, but still returned now

and then. Ordered Hydrocyanic acid—*three drops*, which had the desired effect, the injections had not produced the necessary evacuations.

Ordered to be renewed in larger quantities, cal: and op: continued every four hours.

25th. Patient free from all pain, passed a good night, and exhibited symptoms of the constitutional effects of the calomel.

The injections had acted but slightly. Consulting with my confrère, Dr. McQueen, we decided upon using the long tube, which was introduced as far as possible, and a large injection thrown up; after repeating the operation, we succeeded in moving the bowels freely. Cal: and op: discontinued and ordered a Saline draught.

26th. Draught had acted well and the patient felt so much better, as to express a desire to sit up a little, which I declined. From this date she continued to improve up to the 30th, when she complained of much weakness. A gentle tonic was prescribed which acted favorably, bnt on the night of the 2*nd* of *Nov.*, she suddenly expired.

On being apprised of the fact next morning I felt much surprise as did my confrères of the profession, to whom the case had been made known.

Sectio Cadaveris.—On examination of the body, twelve hours after death, (in which I was kindly assisted, by Drs. McQueen and Garvey), we found in dissecting back the flaps of the abdomen, the spot before mentioned, where the patient had received an injury from a fall, exhibited signs of inflammation, and for a space of about the size of a penny piece, was gangrenous. On opening the cavity of the peritoneum, there were traces of violent peritonitis, the omentum was destroyed and the intestines, already far gone into decomposition. The womb was about six or eight inches in length and a *laceration* extending from the neck, its entire length, with ragged edges corresponding to the seat of the *injury* from the fall. Here was a solution of this singular case, wanting in all the usual symptoms, with the exception of the vomiting of a greenish substance the day after the labor. The length of time she lived after the accident, was certaintly much extended, in comparison to the great majority of such cases. Of thirty-one cases recorded by Dr. Collins, only two lived longer, than did my patient. Drs. Clarke & Ramsbotham's cases all died soon after delivery, except such as were *cured*.

Brockville, January, 1855.

ART. XXXI.—*Medical Institutions &c. of Paris.* By W. H. Hingston, M.D., L.R.C.S.E.

(Conclusion.)

In, and around Paris, there are ten establishments (private) for the reception of the insane. They are all favorably situated. Most of them are fitted up in style approaching to elegance, with every comfort, and even luxury, that humanity could suggest, or fancy desire. On the establishments of Esquirol and Pinel in particular, too much praise cannot be bestowed. The precepts laid down by Pinel, and followed by Esquirol, have caused a complete revolution in the management of the insane. Previous to their teachings, they were treated with cruelty and harshness, as beings incapable of appreciating kindness. Loaded with chains, they were thrust into dungeons, into which the light of Heaven feebly penetrated, and there treated, without any reference whatever to their recovery. A mad house formerly served the same purpose as a gaol, namely, to shut out from society individuals dangerous to it. The inhuman treatment to which they were subjected. soon produced the result too often devoutly wished by friends and relations—perfect quietness was generally soon obtained, and patients were removed without difficulty—*en cercueil.*

Pinel and Esquirol taught that reason may be dethroned temporarily; that it may be re-placed upon the seat it once occupied, and that firmness, tempered with gentleness—not coercion—is the means to be employed.

The revolution that has, since their day, taken place, and the happy results by which it has been followed, must afford pleasure to all those within whose breast one sympathetic note of pity responds to the voice of misery.

A list of the "Causes" of Insanity, and the trade, occupation, or profession, which seems most to influence it, may not be void of interest. The following are the statistics for 1849, of M. Segoyt, published in the *Paris Medical.*

PHYSICAL CAUSES.	
Effect of Age,	582
Idiotism and Inherited,	3145
Excessive Irritability,	958
" Labor,	217
Want,	458
Onanism,	450
Skin Diseases.	67
Wounds and Injuries,	144
Syphilis,	106
Hydrocephalus,	29
Epilepsy and Convulsions,	1383
Fevers, Phthisis, and Heart Disease,	343
Emanations from Putrid Substances.	26
Abuse of Liquors,	987

MORAL CAUSES.	
Love and Jealousy,	801
Sorrow,	1369
Political Events,	313
Ambition,	473
Pride,	340
Religion improperly understood,	632
Total known causes,	13,123
" unknown do.	5,849
Total,	18.972

LIBERAL PROFESSION.	
Divinity, Law, Medicine, &c.,	990
Landlords, Proprietors, &c.,	1216
Military,	453
Artists,	110
Negociators, Merchants, wholesale,	218
Retail Merchants,	456
MECHANICAL PROFESSION.	
Workers in Wood,	409
" Iron,	239
" Gold and Silver,	71
" Other Metals,	91
Workers in Thread and Tape,	771
" Buildings,	303
" Leather and skins,	298
" Colors,	41
" Eatables, Drinks, &c.,	471
" Articles of Clothing,	1427
Persons engaged in Husbandry,	2564
Laborers,	1256
Domestics,	1164
Without Profession,	3014
Unknown do,	3898

I have given the statistics *in extenso*, for, with the exception of Prussia, and perhaps Bavaria, there is probably no country in which medical statistics are kept with so much precision. Among the list of "Physical Causes," the reader will observe that out of nearly nineteen thousand cases of insanity, only 450 are traceable to Onanism. On comparing this, to the statement made a few years ago, in the "American Journal of Insanity," to the effect that upwards of half the cases in the U.S. were traceable to an excessive indulgence in this solitary vice, we are surprised at the discrepancy, and wonder why it is so much less frequent, in a country, in which the standard of morality, is unquestionably lower. "Many a truth is told in a joke," and the remarks of a French gentleman to whom I mentioned the circumstance, may not be an exception to the adage: "On n'est pas necessité ici en France, a avoir recours à ces moyens artificièlles.—VIRGINES FACILES ne sont pas si rares que dans l'Amerique, et on est licencié tant par les mœurs qu'on est protégé par la loi."

There exist, for the removal of deformity, three orthopædic establishments. *Hydropathy* also has a few, where worshippers at the shrine of Humbug, may, for a small consideration of £50 or £60, be fed, lodged, and rolled in wet sheets 365 times a-year! In the Rue dēs Recollets in the Faubourg St. Martin is situated the HOSPICE DES INCURABLES (male), a house of retreat for old men above the age of 70. Some are admitted under that age when infirm and helpless. It contains 512 beds; some the property of donors who fill them with the aged of their choice. Mortality 1 in 8.3.

An establishment of the same name as the preceding for females over 70 years contains 695 beds. Mortality 1 in 10.6.

The Hospices Le Prince and St. Merry are for the same purpose; the former admitting 20 above the age of 70—the latter 14 of both sexes.

There are three houses of retreat, in addition to those already mentioned, containing in all 1212 beds, which demand special notice. One (Hospice des Ménages) is intended for aged house-keepers, or the widowed, who receive threepence a-day, a certain quantity of bread, meat, wood and coal. The inmates must have been house-keepers for at least

10 years. Another (H. de la Rochefoucauld) receives the old servants of similar establishments, 12 aged or infirm ecclesiastics, and persons above 60, or deprived of their limbs. The third (H. de Ste. Périne) receives those, who, up to the period of their admission, had paid regularly a small instalment.

Institution Imperiale des Sourds Muets.—Notwithstanding the advancement made in science and learning, after the revival of letters, the attention of philanthropists and physicians was not directed to the condition of the deaf and dumb, with an eye to their alleviation until late in the eighteenth century, when France and England, ever foremost in those works which have for their foundation, science, and for their end, the good of mankind, showed us in the labors of a Wallis, a Pereira, and others, that *mind* is given to every infant with the breath of life; that for the *manifestation*, speech or signs are necessary; but that mind, or idea, or thought, is associated with the human form whether there exist means for manifesting the same or not. Previous to the seventeenth century, sages and theologians taught, that deaf mutes were animals of an inferior class or order in the scale of being, and as inferior animals were they treated. Those already mentioned were among the first to regard speech merely as the echo of thought, and to suggest means for the production of that echo when impediments to it existed. Had they lived a century later, physiology, which teaches us that there is no such thing as dumbness, but that it arises from, and is a consequence of, an impossibility of hearing or appreciating sound, would have greatly aided them in their labors. The principles which they laid down were those which guided l'Abbé de l'Epée in his teachings, when he first formed the class of deaf mutes. 115 boys and 45 girls are now being educated where the Abbé once gave his solitary instruction. Children of from 9 to 15 years of age are received and educated. They are permitted to remain 6 years. This institution is situated in the *Rue St. Jacques*.

Institution des Jeunes Aveugles.—This very excellent and very admirably conducted institution, is situated in the Boulevard des Invalides. It is now about 70 years since it was founded. Between 150 and 200 now receive instruction in the various branches of education. A full course is distributed over a period of eight years, and comprises, with the usual branches, a knowledge of different trades.

Hopital Imperial des Quinze-Vingts.—Founded by St. Louis in 1224—this hospital afterwards contained so many, that badges had to be worn to distinguish them from the other blind. It is again confined to its original object, namely, the accommodation of, as its name implies, twenty fifteens.

The old men of the 10th Arrondissement have a maison de retraite of

their own; the origin of which is peculiar. About 14 years ago, two young girls, one less than, and the other 18 years of age, collected together a few infirm old persons, and by begging the crumbs and waste victuals from the rich man's table, managed to support them. The National Guard, observing the good resulting from the labours of two individuals, and thinking that by more extended encouragement, they might obtain for themselves, a comfortable retreat when overtaken by old age, secured the services of these two maidens. The inmates now amount to upwards of 100. About £4 sterling is charged annually to males; £2 15s to females. Cheap boarding this; but

> "No solid dish their week-day meal affords,
> No added puddings solemnize the Lord's."

A cup of coffee for breakfast; soup, a plate of meat, and a glass of wine for dinner; a plate of vegetables and a glass of wine for supper. The inmates work about six hours aday, and receive half the proceeds of their labour.

In the Rue de Colombes, Protestants have a very agreeable retreat—the Asile Lambrechts for the aged and the blind—amounting to 100. The situation is agreeable, the grounds and garden well laid out; the whole establishment most comfortable.

The Jews have, since 1852, a house of refuge for those of their persuasion, for which they are indebted to Baron James Rothschild. The Hospice Israelite is second to no institution of the kind in external appearance, and contains 100 beds.

The Asile de la Providence receives 60 old persons; the Maison de Secours du Grand Orient, 24; relieves with bread, meat, fuel, clothing, or medicaments, the masons *en voyage* to or from any part of the world, and furnishes them with a home, or money, if necessary. The Maison Hospitaliere d'Enghien lodges 60 men and 40 women. The Infirmerie de Marie Therese, 32.

This brings the enumeration of the Hopitaux et Hospices Parisiennes to a close, and, in taking leave of them, I must express to my very excellent friend, Dr. Meding, President of the Société Med. All., my warmest acknowledgement for his advice and assistance—assistance of the greatest moment, inasmuch as he himself, had previously been engaged in the same labour. I have consulted his work, and when time did not allow me to obtain correct statistics, I have incorporated his, well assured, that few errors were likely to occur in a work by a gentleman of his talent and application.

A few general remarks on the management of the Parisian Hospitals, legitimately belong to a description of each one of them. And as the

internal arrangement as well as the general management of them, differ in many respects from those of similar institutions in Britain and America —those remarks may possess some interest.

While in Britain, Canada, and elsewhere, PRIVATE CHARITY erects, and private charity supports those institutions which have for their object the alleviation of diseased humanity—L'assistanec publique forms a huge and important item in French Government. There are numerous exceptions, however, and costly edifices are here and there seen to rear their heads, beneath which are collected numerous living monuments to individual philanthropy. These institutions flourish with the founders; and, as a general rule, the latter, dying, "bequeath them as a rich legacy" unto their country. All French Hospitals, as well at Paris as in the Provinces, are under the direction of, are guided by, and receive assistance from, the *administration generale*. This is one of the wealthiest and most perfectly organized corporations in France. With an annual income of upwards of half a million, it is placed *hors de besoin*, and prepared for any emergency. This immense income enables it to support not only general hospitals, but also special ones for almost every disease and age. Thus it has been seen that the infant may draw the first breath of life in a hospital—reach extreme old age, and terminate his existence there; and during the whole course of his chequered and diseased life, public solicitude watches over him, and ministers to his every comfort. The *administration générale* is composed of a Director General, (a government appointment) a council of inspection, composed of 20 members, of which only 4 are physicians, a general secretary, two inspectors, and a treasurer. Each one of the above is charged, in addition to his common duties, with the inspection of certain institutions. The ostensible head of a hospital, in virtue of his appointment is a non-professional, or at least a non-medical; the *actual* director, in virtue of his duties, is a professional. Where a perfect understanding and friendly relations exist between the legal and should be director, I mean, when the physician assumes all responsibility, and acts independently of, though apparently in concert with, the director, the latter, all the time unconscious but that he is the moving power, every thing goes on smoothly; but when a director is too keenly alive to the importance of his office, is jealous of his prerogative, and seeks for opportunities of exercising it, such as refusing wine or extras to patients when ordered, or denying admission to those who require immediate care, it is then the greatest confusion arises, and the injurious effects of misplaced power are most apparent. This has been commented upon at great length by the *Presse* of Paris, and there is no doubt but the evil will soon be remedied.

It is not left to the discretion of an individual to seek admission into

any hospital he may choose, unless suddenly taken ill, or in danger of death from accident; otherwise, he is compelled to go the *Bureau Central*, in the *Place du Parvis*, and there receive a ticket for that hospital —to which the nature of the disease peculiarly entitles him. This *Bureau*, in addition to the above, serves the purpose of a large dispensary. The poor there receive bandages, trusses, bougies, catheters, belts, wooden legs, &c., &c., &c. On certain days, attention is given to special diseases, as of the eye, urethra, &c. The *Bureau Central* is composed of twelve physicians and six surgeons. But to return to the hospitals. The number now in Paris under the supervision of the *administration générale* amounts to 27* In these 27 there are about 18,000 patients. The number consigned to the care of one medical attendant is, by far too great. Most of the hospital staff are men of extensive practice, and it cannot be expected that in an hour or less, physicians can prescribe for 80 patients—more frequently still for 90, and often for 100. The hurried manner in which they pass through the wards, is as unproductive to patients as to those who take the trouble to follow them—scarcely sufficient time being allowed to enable the *interne* to write the oft repeated order, *bouillon, bouillon, bouillon*. Indeed, to hear a clinical teacher's observations on cases in the ward, a person must station himself in advance at some bed where the ticket has been taken down —for at such only does he stop. The hurried manner in which Physicians pass through the wards, is, to a considerable extent, compensated for, by the care and attention of the zealous and highly efficient hospital apothecaries and other officers. Patients are much more at the mercy of these, than of the attending Physicians, and much more still at the mercy of the Sisters of Charity who act as nurses. The latter are in the constant habit of altering prescriptions, diet, &c., *ad libitum*. The *externes* are advanced students—elected annually—and having served for one year are eligible for *internes*. These are elected for four years.

The diet of the hospitals is divided into four kinds—the lowest or 1st consisting of nothing—the 4th or most generous of bread, soup, boiled meat, dry or fresh vegetables, in sufficient quantity, with wine. The bread used is very good and is made at the Boulangerie Générale in the Rue Scipion. The meat is killed at the Boucherie Générale in the Boulevard de l'Hopital. These establishments are under the exclusive management of the *administration générale*. When patients leave the hospital they are allowed 3 portions of bread, 3 of wine and 5 of boiled meat with soup. The poor receive, in addition, some money and clothes.

* I do not, of course, include the numerous private institutions, some of which I have already mentioned in the text.

The mortality at the different hospitals averages 1 in 12.07—the greatest (1 in 9.06) being at the Hotel-Dieu—the least (1 in 15.09) at the hopital Cochin.

In closing, I cannot refrain from again alluding to, and censuring, that direct infringement of all Hygienic law, by which 80, 90, or 100 sick persons are confined in a not over-cheerful or too well ventilated room. The wholesale manner in which patients are prescribed for, might also, with advantage to them, be changed. Nor would the immense number of students who frequent the hospitals be injured thereby, for it must be apparent to all who have given the least attention to the subject, that more real good is to be derived from the careful study of a few select cases brought together in a clinical ward, (as is the case in the German hospitals, and these British ones into which the late Dr. Graves introduced the German system) than in hurrying past a hundred diseased creatures, in about as much time as might suffice for the proper examination of half a dozen.

There yet remain a number of houses of refuge, &c., which should with equal justice be introduced, but the limits originally prescribed have already been overstepped, and time and circumstances permit of but very little addition. I will conclude with a brief review of the most important medical societies, &c., commencing with that which seems to exercise the greatest influence on the character of the French Physician—the

Faculte de Medecine.—The foundation of this institution—pregnant with historic interest, is, by many writers, carried back to the time when Charlemagne held imperial sway. It was not till the middle of the 12th century, that the nature and objects of the Faculté were defined—when it assumed to itself the prerogative and authority of a University. Up to that time, the members of it amounted to 31, the number (exclusive of Surgeons and licentiates) practising in Paris. At its origin it was poor, for then, as now, Physicians, as a body, were as much distinguished for their poverty, as they ever have been for their scientific acquirements. In the beginning of the 16th century, schools were built, and thence we may date the commencement of a system of instruction, which, modified and improved, has, in our day, arrived at a degree of excellence and perfection, which we meet not with elsewhere. At an early period of its history, there were two professors of medicine; one taught concerning "*things natural and unnatural*," (anatomy, physiology, hygiene,) the other, concerning *preternatural things*. Each one completed the course he had begun, by taking the place of the other. Surgery was then introduced, and physicians fearing they might overstep their legitimate boundary thus define the province of surgery:

Chirurgiæ professor, chirurgica tantum doceat idest quæ operationem manum pertinent. At that time the qualifications necessary to become a member were very high, and strange to say, of a medical society, members when admitted, were required to declare on oath that they were not married, nor were they allowed to marry, when members, under pain of expulsion. Early in the 18th century, surgery, under the special favour of the King, eclipsed in brilliancy, the proudest days of medicine, and the indignities which the latter had heaped upon surgery, were now aided by the strong arm of royalty, returned. The Faculté was, after a time, again victorious, and again and again was on the brink of dissolution. It continued, however, to drag its sluggish length along until 1821, when the Academie Royale came into existence. This Academie afterwards called Nationale, now Impériale, succeeded in obtaining the suppression of the Faculty—but only for a time—for students, attached to their teachers, and possessing unusual advantages in an excellent Museum, Library, &c., would not attend those, whose greatest claim to be listened to, was royal favour. The Faculté still exists, changed indeed, by making new and repealing old statutes, but still possessing the germs implanted by its founders, which has enabled it to exist during a period of 500 years of no common vicissitude, and at times to flourish. Connected with it, are an Anatomical Amphitheatre, Botanic Garden, Museum (the far-famed Dupuytren's) Chemical Laboratory, Library, Hospital, where there are conveniences for dissecting 450 bodies.

All the chairs in the Faculté de Médecine are filled by men of world wide *reiommee*, and it is necessary to mention among others, the names of Cruveilhier, Malgaigne, Orfila,* Andral, Piorry, Bouillaud, Trousseau, Roux, Nelaton, Velpeau, Dubois, &c., &c. in confirmation.

Institut de France.—At the latter part of last century, the various academies in Paris, of which there were then a great number, were united into one, under the name of Institut de France. It is unneces-

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The faces of the students wore an unusual air of solemnity, when on repairing on the 12th March 1853 to the Ecole de Medecine in the *Quartier Latin*, they found the gates closed, and their eyes rested on a small piece of paper attached to the court-railing on which was written: "causé par la mort de M. Orfila." The unwelcome nature of the intelligence was visible in their countenances, for Orfila was their favorite and friend, and had filled up a Museum of great value, which he dedicated "*aux Etudiants en Medecine*," and had instituted prizes in those branches to which he had devoted his life-time. The following Monday, the corse was borne from his late residence to the Eglise St. Sulpice, where a service for the dead was performed. All the professors and academicians in their robes assisted. The road leading from the Church to Père la Chaise was lined by military, who, "close up" as the *cortége* passes. The coffin is laid in the earth—a funeral oration is pronounced, and Orfila is left alone. Thus terminated the existence of one, whose sun rose in obscurity, but went down in splendour. The youth, who, upwards of half a century ago, finds his way to Paris, unknown, uncared for, becomes the honoured associate of potentates and princes in science, whose authority has brought, is bringing, and will bring death or freedom to thousands who never heard his name, for Orfila as a toxicologist and an authority in legal medicine, stood alone.

sary to dwell at any length upon it, for few, I am convinced, who are at all conversant with French literature, can be ignorant of the advantages which have resulted to the whole scientific world from the labours of this *non-pareille* institution. The scientific world is also indebted to the Institut, for being the first to permit to their distant colabourers in science—competition for prizes. Even at a time when the most deadly hatred existed between the French and English nations, when all foreigners, especially Frenchmen, were excluded from taking part in, or competing for honours in the learned societies of England, the Institut under Napoleon, threw open "the lists," to persons of all parties, and of all nations—which were freely entered—and more than one Briton has borne off laurels from the Capital of France. The Institut is divided into eleven sections. The first five pertain to mathematical science scilicet: geometry, mechanics, astronomy, geography and navigation, physics; the latter six belong to the physical sciences, they are: chemistry, mineralogy, botany, rural economy, anatomy and zoology, and lastly medicine and surgery. Each section is represented by six members. Frangois Arago, whose loss, science has since had to deplore, was present in his place of perpetual Secretary, when I last saw him, in April 1853. Several prizes are given annually. Those relating to medicine are the following: 1. Pour récompenser les perfectionnements de la médecine et de la chirurgie, et les découvertes ayant pour objet le traitement d'une maladie interne, et celui d'une maladie externe. 2. Pour récompenser ceux qui auront trouvé le moyen de rendre un art ou métier moins insalubres, et a décerner aux ouvrages ou découvertes qui auront paru dans l'année sur des objets utiles. 3. Prix de statistique. 4. Prix de physiologie experimentale.

Academie de Medecine.—Founded in 1820, for the purpose of furnishing to government information concerning the public health. This is considered the highest medical society in Paris—and to be *member* of it, is a distinction much coveted, and bestowed with care and discrimination. The President is M. Berard, and the foreign British associates are Brodie, Lawrence, Marshall Hall and Travers, all of London.

Societe de Chirurgie.—This society, founded in 1843, for the purpose of advancing the interests of surgery, is composed of 36 members. Candidates for membership must present an original *memoire*, addressed to the society, accompanied with a written application. The character of the Essay, and the professional reputation of the writer, decide the voting. The President is M. Guersant and 15 distinguished foreigners are members, among whom are Brodie, Guthrie, Lawrence, and Travers

of London, Ballingall and Simpson, of Edinburgh, Sir Phillip Crampton, of Dublin, and Mott, of New York. *

A Society under the name *Société de Médecine pratique*, under the presidency of Paul Dubois, holds its monthly sittings for the purpose of directing special attention to Therapeutics. Another bearing the title *Société Médico-pratique* discusses at its fortnightly meetings, questions relating to practical medicine and surgery. The *Societe Medicale d'Emulation* hold its sittings once a month. The above three give prizes annually, on the best essays presented to them during the year.

Societe Medicale des Hopitaux.—Composed entirely of the physicians to the Civil Hospitals in Paris, this society, which publishes the business of its fortnightly meetings in the form of Actes de la Société Médicale des Hôpitaux, may be regarded as the exponent of French doctrine and French practice. It apparently possesses more vitality than the others I have mentioned, and occasional *Assaut d'Armes*, add to their discussions an enlivening character.

Societe Medicale d'Observation.—Of which M. Louis is the permanent President--perpendendœ et numerandæ observationes—meets every Friday evening, at the Hotel-Dieu. The proceedings of the Société Médico-Chirurgicale may be gleaned from the Gazette des Hopitaux. The Société Anatomique was reorganized in 1826 around a nucleus composed of Cruveilhier and a few students; Cruveilhier has since continued president. The Société de Pharmacie, founded for the purpose of binding together the pharmaceutists of France and elsewhere, distributes annually à number of prizes, many of them of value, Bouchardat presides and Souberain is Secretary.

Biology has lately become a science in Paris, and the Société de Biologie for its propagation, counts among its members, Velpeau, Magendie, Andral, Bouillaud, Barth, &c., the latter being president.

The British, German and American Physician, congregated in Paris, have each a society (Parisian Medical Society, Verein Deutscher Aerzte, American Medical Society), in which are discussed what of interest has occurred in the hospitals during the preceding week. *Messieurs les Médecins des Hopitaux* little dream of the over-hauling they sometimes get at the hands of these worthies.

I will hazard a short sketch of the French Physicians for (although I much doubt my ability to give a correct one) the nature of this paper imperatively demands some such attempt. But far from wishing to thrust

* It must be a source of gratification to Americans visiting Europe, to perceive the very high estimation in which their illustrious countryman is held—showing that there are those *ultra mare* who are not quite "Barbarians in Science." The name of Valentine Mot tis "as familiar in their mouths as Household words." His election to the Société de Chirurgie was the only unanimous one.

any observations of mine upon the reader, to be received as articles of faith I would beg to mention them merely as impressions. If we follow a physician through the wards of an hospital, or attend him in the walks of private professional life, we soon learn to form an estimate of his character, and to estimate, at something approaching to an equivalent, his professional worth. Of individuals, however, it is easy to speak, but, to reduce a class composed of such heterologous material to a general standard, is, to say the least of it, a matter of no small difficulty.

Regard in what aspect we may, the Parisian Physician and Surgeon (for such I take as the type) the conclusion at which we cannot but arrive, is, that they are, generally speaking, men of high scientific attainments, and, in the principles of their noble profession well versed. Few there are who deny this, and were we content to admit all that is told us concerning

> "The way tee heale diseases rare
> As if by plummet rule and square."

the high opinion preconceived of them would be greatly strengthened. Indeed, on first visiting Paris, I was half inclined to think that I had spent too much time in cruising about among the hospitals of Britain and Germany picking up the little crumbs of knowledge. How much more might I have learned, thought I, had I sooner directed my steps hither where they seem to have the happy nack of curing diseases in *half* the time. But the charm with which novelty invests all things, soon wore off, "and then came a change o'er the spirit of my dream."

The *Chefs de Clinique*, especially those of *renommee* seem placed in a false position, as it were. Great things, in the form of novelties, are expected of them, and their utmost endeavour is exerted in catering to this morbid taste. But taking matters by the fore-lock is frequently the least expeditious, and the remedies lauded, and the theories built-up to-day, require discarding and pulling down to-morrow. The lectures of many of them are occupied, and the medical press teems, with "wonderful discoveries" for curtailing misery and lengthening the human span. No doubt, a stray shot does occasionally hit the mark, but the vast majority fall far wide of it. If we wish to derive much real, and less apparent good, we require to leave the much frequented haunts of students and visit those hospitals where time permits the attendant, quietly to consider the cases under treatment, and it is *there* we see French practice, and hear opinions which have been matured by experience and reflection. The French are proverbially no philologists, and it may be for this reason that we rarely hear the name of a British physician or surgeon mentioned within the walls of a College or Hospital, unless by Britons themselves, who do not like to see their countrymen passed over in silence.

At first I thought this proceeded from jealousy, and no doubt it often does, but when we hear a lecturer, for instance, enumerate the different amputations at the foot without mentioning Harvey or Syme ; speak of diseases of the chest and liver, without allusion to Stokes, Budd, &c., but cite in all cases, French authority and the results of French practice, we cannot but conclude that they are really ignorant of the existence of such men, and of the boon they, *et hoc genus omne*, have conferred on mankind. Indeed they seem constantly to impress on the minds of the students, that, without the gates of Paris there is little to be learned, impressions generally acted upon, for French students are rarely met with out of France. The political alliance now happily subsisting between the two great powers will greatly tend to a change in these matters. The French Physician possesses in an eminent degree that "manière à faire" so peculiar to his countryman ; I might also add "la manière à parler," but verbiage is oft times substituted for argument. An hour is with ease occupied in discussing questions of trivial importance. For the time an auditor may well be satisfied, but a retrospective glance too often shows him that there has been (to use a Shaksperian phrase) "much ado about nothing." I do not intend such sweeping remarks to apply to the whole profession, for there are men such as Civiale, Nelaton, Andral, Velpeau, Guersant, and a hundred others, who despise anything approaching to *charlatanerie*, but I am convinced that they are applicable to the class. Of the talents, genius, faculty for observation and powers of perception of the French, it would ill-become me to speak, they are discernible in almost every page of medical history, and the names of many will last as long as the science they have so much enriched.

The medical Student in Paris is not so distinctive a character as he is in Germany. While the latter has been pictured with his scars across his intelligent and contented looking face, his mug of *Bayerische bier* and his pipe, the latter might be sketched with his wan, sallow countenance, his *demi-bouteille de bon vin* before him, and his *grisette* by his side. The latter is with him an indispensable article of furniture to grace his lodging, prepare his meals, &c. Each grisette occasionally gives her little tea-party, at which assist the intimate friends of her *aimant* and their grisettes. Once aweek they adjourn to the *Prado*, or some other dancing *locale*, and there "trip the light fantastic toe." The grisettes, when students are received, are transferred to some one else, provided they do not get married, which not unfrequently happens. It is sometimes a difficult matter to keep students in order during a lecture or operation. If too long, they put an end to it by their shuffling. If some unlucky assistant places himself between the operator and the stu-

dents, the confusion that arises is really amusing; he is saluted with such epithets as cannot but be painful to his vanity; and if that does not succeed, with such missiles as may chance to become. If a lecturer is too long in making his appearance, one might fancy that all the animals of a menagerie had found their way into the lecture room, nor is quietness always restored on his entrance.

The curriculum of study requires four years in Paris. It is not so expensive as in Britain, for hospital tickets, which, in the latter, form such a huge item of expense, are free. The order of study is prescribed by the College.

I have thus hastily reviewed much of what I considered interesting—but while there yet remains matter for a hundred such papers, I have contented myself with merely lifting a *corner* of the veil which conceals the whole.

Montreal, January 22, 1855.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXX—*A Manual of Pathological Anatomy.* By C. Handfiel Jonesd M.B., F.R.S., Fellow of the Royal College of Physicians, Assistant Physician to, and Lecturer on Physiology at, St. Mary's Hospital; and Edward H. Sieveking, M.D., Fellow of the Royal College of Physicians, Assistant Physician to, and Lecturer on Materia Medica at, St. Mary's Hospital. First American edition revised. With three hundred and ninety-seven illustrations. 1854. Pp. 733. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

A work on pathological anatomy which should faithfully exhibit the existing state of this department of medical science, was a want long felt by the profession of England and America. The want is now fully met, for in the work before us, the talented authors have given a clear, succinct, and withal full and satisfactory exposition of the views held by the greatest modern pathologists, with all their recent investigations and discoveries. It is decidedly a "manual" superior to the class of books usually issued under that name. Its importance to the physician cannot be too highly estimated, and we would recommend our readers to add it to their library as soon as they conveniently can.

The work has been disposed in allotments. Dr. Jones writes the chapters on "General Pathological Anatomy;" "Pathological Anatomy of the Alimentary Canal;" "Pathological Anatomy of the Urinary Apparatus;" and "Pathological Anatomy of the Joints." Dr. Seiveking writes those on "Pathological Anatomy of the Nervous System;" "Pathological Anatomy of the Organs of Circulation;" "Pathological Anatomy of the Organs of Respiration;" "Pathological Anatomy of the Female Organs of Generation;" and "Pathological Anatomy of the Osseous System."

Among diseased conditions of the blood, Dr. Jones introduces a chapter on leucocythemia, or "white-cell-blood." This peculiar affection, consisting essentially in a great increase of the colourless corpuscles of the blood, was discovered about the same time by Virchow of Berlin, and Dr. Hughes Bennet of Edinburgh. It was the latter who gave it the name of Leucocythemia, as he considered that term more expressive of the pathological condition of the blood than "Leukhemia", the name imposed by the former. The term "Leukhemia or white-blood", as he very properly observes, "given to this disease by Virchow is objectionable, because in the first place the blood is not white, but presents its usual red tinge when drawn from the arm. The colorless clots occasionally observed, will certainly not warrant the application of this term to the blood generally, as they are frequently present without the morbid conditions under consideration. Besides, the same name has been given with more propriety to the fatty blood, examined by Drs. Traill, Christison, and others, which presents a milky opalescent appearance." When a drop of blood is taken from the arm of a person with leucocythemia, and placed beneath the microscope, the red corpuscles, after a time, are observed to arrange themselves in rouleaux, as in healthy blood; but in the interspaces, a greater or lesser number of the colorless corpuscles are aggregated, the amount, however, invariably exceeding the normal standard. The white cells differ much in size, some being smaller and others larger than those of healthy blood. They resemble very much the pus cell; so much so, indeed, that Dr. Bennet published his first case in 1845, under the title of "Case of Hypertrophy of the Spleen and Liver, in which death took place from suppuration of the blood." He was led to regard them as pus cells, not only from their being identically the same in appearance, but also from their being similarly affected by reagents. When acetic acid is added, the cell-wall is made distinctly visible, and the granular contents become quite transparent. They have either a single, double or triparite nucleus. "Occasionally, a cresentic nucleus is to be seen in the cells, and some free nuclei are also observed between them." Of 25 cases pub-

lished in pamphlet form by Dr. Bennett, sixteen occurred in males and nine in females. There was more or less distension of the abdomen in twenty cases, dependent, in the majority, on enlargement of some one or more of the abdominal viscera; ascites was also present in five. In twelve cases, the respiration was difficult; dyspnœa being caused in eight by the enlarged abdomen, and consequent diminution of the thoracic cavity; and in five from disease of the lungs. There was hemorrhage from different parts in fourteen; vomiting in seven, and diarrhœa was a marked symptom in many. Febrile symptoms existed in eleven cases; and in *all*, emaciation was present, being more marked, however, in the fatal cases. Post mortem examination revealed in the majority, diseased spleen, liver and mesenteric glands.

Dr. Bennet offers the following theory of its nature: "He regards the spleen, thyroid, supra-renal, pituitary, pineal, thymus and lymphatic, as constituting a great glandular system, whose office it is form the blood corpuscles. These are for the most part thrown off from the organs mentioned, and enter the circulation as colourless nuclei, identical with the peculiar corpuscles of these glands. Sometimes, however, the nuclei proceed to cell-development and appear then as the white corpuscles. The nuclei of these multiply by a process of division, circulate in the blood with colourless cells subsequently escape and become coloured blood-globules. Now, 'in certain hypertrophies of the lymphatic glands', Dr. Bennet believes, that 'their cell-elements are multiplied to an unusual extent, and under such circumstances find their way into the blood, and constitute an increase in the number of its colourless cells This is leucocythemia" (p. 149) Dr. Jones differs in opinion with Dr. B. All the observations of the former regarding the development of the red globules, are opposed to those of the latter. He beleives that the, so-called, vascular glands have no share in the production of the corpuscular elements of the blood; these being altogether formed by the blood itself.

In the chapter on "New Formations" reference is made to the group of Tumours for which Mr. Paget has proposed the name of "Recurring Fibroid". These tumours present all the external characters of the common fibrous tumour. "Their microscopic structure consists of corpuscles caudate and elongated, as if developing into fibres: and the most striking feature in their history is their proneness to return after removal" (*Paget's Surg. Path.* p. 412.) They apparently form a transition between the innocent and malignant tumours. In one of the cases recorded by Mr. Paget, the tumour, which was situated in one of the lower extremeties, returned and was removed six different times within a period of four years. The last time it returned, it was as a soft fungoid mass protruding from the front of the leg. Two profuse hemorrhages

having occurred from it, the limb was amputated, but the patient survived the operation only a few days. In a second case the tumour was successively removed four different times, as it reappeared during the lapse of two years; but a fifth one, which had remained stationary for sometime, was present when Mr. Paget wrote. The gentleman, however, was pursuing an active occupation, and his health did not appear to be suffering from it. Mr. Syme has published a case agreeing in many respects with the above; and a fourth has been placed on record by Dr. Douglas MacLagan. The class of tumours which Professor Gluge believes to be transitional to cancer, and which he names "Albuminous sarcoma," Mr Paget looks upon as being identically the same as those for which he proposes the term "Recurring Fibroid."

Professor Campbell, of McGill College, sometime ago shewed us a tumour which he had removed from the mammary region of a lady. It was the size of a walnut, and presented to the naked eye all the external characters of the ordinary fibrous tumour. It was, moreover, firm to the touch, heavy, and when cut into, the section revealed a greyish basis structure with white lines intersecting it. When examined by the Microscope, it was seen to be composed of fine fibres curving and undulating in different directions. Prof. Campbell informed us that this was the third tumour, of like nature, which he had removed, within a period of eighteen months, from the same person. The first operation was performed on the 18th August 1852; the second on the 1st Dec. 1853; and the third on the 20th March 1854. A fourth tumour has since appeared, but as the lady is in an advanced stage of pulmonary phthisis, an operation for its removal cannot, of course, be entertained for a moment. These tumours were situated between the mammary gland and axilla, and had no connection whatever with the structure of the gland. They did not recur in the same site, but each succeeding one appeared in a place contiguous to the cicatrix left by the removal of the preceding.

This case resembles the one recorded by Dr. MacLagan, inasmuch as there was no difference in the consistence of the growths—the three removed being equally dense and resilient. No softening or fungoid protrusion occurred, as in the cases met with by Mr. Paget and Professors Syme and Gluge. It differs from the others in the patient being concurrently affected with phthisis. The supervention of this disease is a signification of some import, as it points to the fact, that the tendency of these recurring growths is not absolutely to degeneration; the cancerous and tuberculous crases being inimical, each to the presence of the other.

"These cases", and the one which we have mentioned is not the least important among them, "will suffice to prove the existence of a

group of tumours having these remarkable characters in common:—1st A general resemblance to the fibrous tumours in their obvious characters; 2nd. A microscopic texture composed, essentially, of elongated and caudate or oat-shaped cells, somewhat resembling the elongated cells of granulations or of lymph developing into fibres, yet differing from them enough to be easily distinguished; 3rd. An exceeding tendency to local recurrence after removal and, in the worst extremity to protrusion and ulceration; 4th. An absence of those events which in cases of ordinary malignant growths, would coincide with local recurrence: such as cachexia, independent of profuse suppuration, pain, and other ordinary causes of exhaustion; and the absence of all affection of distant parts, or of the lymphatics. 5th. Occasionally, a cessation of the tendency to recurrence, and a complete recovery." (*Paget's, Surg. Path.* p. 417.)

The sections on the abnormal conditions of the stomach, alimentary canal and liver, are particularly instructive. Indeed, the entire work is instructive, and will well repay a studious and attentive perusal.

XXXI.—*Positive Medical Agents*, being a treatise on the new alkaloid, resinoid, and concentrated preparations of indigenous and foreign medical plants. By authority of the American Chemical Institute. 1855.

The work bearing the above caption has been characterized by one of our exchanges as a "most complete arrangement, collection and history of the active principles of medicinal plants." This panegyric, however well intended, is, we fear, calculated to injure the character of the work, by leading persons to frame anticipations in regard to it that must entail disappointment, and eventuate in its depreciation. Therefore we will endeavor to avert so undeserved a catastrophe by a timely correction of the misrepresentation. Messrs. B. Keith & Co., in publishing the present treatise, have merely had in view the direction of the public mind to certain *concentrated* preparations, which are prepared expressly by them with great care at the American Chemical Institute. They in no place give such prominence to the substances distinctively called active principles, as would justify the statement made in our exchange.

Between active principles and concentrated medicines, there is a very wide difference, which requires to be kept closely in mind, more especially as unfortunately the same name has been in several examples given to very dissimilar substances belonging to these divisions. Thus, hyoscyamin expresses both an active principle and a concentrated medicine;

but the active principle thereby designated is an alkaloid, crystallizable, of a white color, and so energetic, that the sixth of a grain is capable of causing in man the most alarming symptoms, which do not disappear till after the lapse of 12 or 20 hours. On the other hand, the concentrated preparation of similar name, is a complex substance, called resinoid, amorphous, of a greenish colour, and in the same quantity as the former, is a gentle calmative. In like manner jalapin signifies a pure resin, transparent, colorless, odorless, and forming about 9-10ths of jalap resin, but as "a positive agent," this same term refers to a resinoid, opaque, of a light drab color, having a slightly aromatic odor, and a rather unpleasant odor, and in doses of two grains is an efficient cathartic. Again, sanguinarin, obtained from Canadian blood-root, when applied to the active principle, denotes an alkaloid of a white pearly aspect, which forms salts with acids, of an elegant crimson color, but when assigned to the concentrated preparation it expresses, a compound organic substance in the pulverulent form, of a reddish brown color, and incapable of entering into chemical combination with acids. And lastly, lobelin. This, referring to the active principle, means a liquid alkaloid of a light yellow color, and aromatic odor, thus bearing a physical resemblance to nicotin and, indeed, in activity is not very much its inferior. The same word, however, applied to the concentrated preparation, denotes a solid, reduced to powder of a cream color, and with a smell likened to that of an old honey comb. Its ordinary dose is ½ to 1 grain. This similarity of nomenclature in dissimilar substances, is a matter of regret, from tending to create confusion and misapprehension. In the work before us we find that the names of the concentrated preparations terminate with the letter *n*, whereas those of the alkaloids, when mentioned, end in *e*, so that *hyosciamin* would mean the concentrated preparation, and *hyosciamine* the alkaloid; but this is a distinction that is very arbitrary, and not commensurate with the magnitude of the difference. Moreover, it is not supported by writers on materia medica, who indiscriminately write the names of active principles with the terminal syllables *in* or *ine*, and use the first more frequently than the last.

In addition to the four preparations above specified, the present work takes cognizance of 30 other concentrated medicines. With one or two exceptions they are made from plants which have been discarded from general practice. Physicians, from not having experienced, in their employment, sufficient virtues to warrant their retention in the materia medica, have in the spirit of that true eclecticism which has ever formed so marked a character in the philosophy of rational medicine, ceased to use them, and preferred others of less impotence. But the objections which apply to the herb do not necessarily apply to its concentrated preparation,

for the latter may embody such a quintessence of strength as to become a valuable agent in therapeutics. For this reason, the "positive medicines" manufactured by Messrs. Keith & Co., are entitled to trial. Of them, however, as yet we confess to have no experience in their employment, and therefore must speak of them as others have found them. In the present volume will be found, under the head of "clinical reports," some very satisfactory cures accomplished by their use. We find each to have been treated by a combination of the above agents, and by no one alone; so that it is difficult to estimate the individual value of any singly. A somewhat singular fact, also deserving of notice is, that in no one instance has the concentrated medicine, seemingly required to be exhibited with a medicine derived from the non-metallic, metallic, or animal kingdoms. Nay, it was not even conjoined with any of the pure alkaloids, or acids, or neutrals, derived from the vegetable kingdom, much less with any of the active drugs derived from this same division of nature that are prescribed in their entirety.

In illustration of the value of the positive agents of which we have been writing, we make the following quotations from the work under notice:—

Hyosciamin is "a narcotic and sedative which, while it quiets the nervous system, relieves pain, and produces sleep, has a laxative effect on the bowels," p. 220. Its dose is 1-12th to 1-8th of a grain.

Jalapin "is an active cathartic, and somewhat disposed to griping pains in its operation. This may be readily obviated by giving it in combination with other agents." "It produces copious watery discharges," p. 194. "It is applicable to all cases where it is desirable to make a powerful impression on the intestinal tract," p. 196. Its dose is 2 grains.

Lobelin is "a safe and efficient emetic when properly used," and is a most relaxant nauseant. "As a nauseant, it becomes a certain sedative, a reliable diaphoretic, and, in short, a general prostrator of all the vital forces," p. 152. Dose ½ to 1 grain. Given alone, its operation is apt to be harsh.

Sanguinarin "is emetic, nauseant, somewhat sedative, tonic, and escharotic? It may be safely combined with other nauseants to procure its expectorant virtues," p. 154. Dose 2 grains as an emetic, and to be diminished in proportion to the desired effect.

In conclusion, we have much pleasure in recommending this treatise to the notice of the profession in Canada. Its perusal cannot fail to be interesting, abounding as it does in pharmacological novelties and practical observations that have been diligently recorded. At the request of the proprietors we state that C. B. Norton, 71 Chamber Street, N. Y., is now the publisher.

XXXII.—*An inquiry into the pathological importance of ulceration of the os uteri*, being the Croonian lectures for the year 1854. By CHARLES WEST, M. D., fellow of the Royal College of Physicians; Physician, Accoucheur to St. Bartholomew's Hospital; Physician to the Hospital for sick children; author of "Lectures on the Diseases of Infancy and Childhood," &c., &c. Philadelphia: Blanchard and Lea. Montreal: B. Dawson. 1854, pp. 88.

There is only a brief month required to complete the annual cycle when we were called upon in the discharge of our critical labours to comment upon the modern doctrine of uterine Pathology, and felt ourselves compelled to dissent from the statements which were announciated by Dr. J. H. Bennet, in his treatise on inflammation of the uterus. The reasons for this disagreement we endeavored to explain, and any one of our readers who feels sufficient interest in the subject can judge of their value by turning to the March number of the 1st volume of the Chronicle. This re-perusal will not be pointless, for on the present occasion we intend to continue the remarks then made by resuming the thread of our discourse.

One of the chief objects of the review in question was to determine the actual frequency of the prevalence of disease of the os uteri, and we are particular in calling attention to the circumstance from the direct relation which the conclusions we formed have to those which Dr. West has arrived at on the same subject, after, however, a much more lengthened and thorough investigation.

After the adduction of a body of statistical evidence which was impressed—to our eye at least—with irresistibility, we put down this deduction. "While denying that ulceration is of the frequent occurrence which it is represented to be by Dr. B., we are disposed to consider it as actually of rare occurrence." We then proceeded to reconcile in a kindly spirit the discrepancies we regretted existed between Dr. B. and ourselves. It is gratifying therefore to find that Dr. West, in a masterly manner, clearly substantiates in the present work the comparative rarity of ulceration of the os uteri. We need not follow him in the personal observations by which he justifies his opinion, since they are not so forcible as those which have already been recorded in the before-mentioned review, but we may in extension seek to ascertain the real importance of this lesion when it is positively present. Dr. West on this matter observes: "We have seen that in by far the majority of cases the ulceration when present was not merely trifling in extent, but that it had not given rise to so much irritation of the neighbouring tissues as to produce any appreciable congestions of the mucous membrane in its vicinity; while the changes in the uterine substance alleged to depend

upon it (as in duration) were oftener present without than in connection with it; and moreover, none of the alterations about the os and cervix of the womb, were so considerable as those which were apparent in its cavity."

In the second lecture Dr. West alludes to several clinical facts which serve to show 1stly, that the neck of the uterus is not so sensitive a part and is not so endowed for ulceration as is commonly believed; of the different classes of women the conditions calculated to inflict local injury on the uterine neck exist in prostitutes in a far greater degree than in any other; yet observation tends to prove that be the causes of diseases of the os uteri, what they may, sexual excesses at any rate, have no great share in their production, of 40 females admitted into the Lock Hospital indiscriminately, the os and cervix were absolutely healthy or presented only, and this, but rarely a slight blush of redness; in 10 others there were only what we would call epithelial abrasion not over a line in breadth; in the remaining 3 the excoriation was more extensive surrounding the os uteri for about one-third of an inch. 2ndly, The presence of ulceration is not necessarily attended by any local disturbance of functional activity. Perhaps no more striking exemplification of this assertion could be set forth than the case afforded by women suffering from procidentia uteri; here the part is exposed more than any other to external injury, it is in a state of permanent disease, the ulcerations are generally indolent and consist of a surface from which the epithelium has been denuded, but for which latter a covering of lymph has been substituted, they are further marked by vivid redness and elongated granulations from which an albuminous secretion constantly weeps. In addition to ulceration there is commonly conjoined more or less hypertrophy of the organ. Nevertheless, under these urgent disadvantages conception can still take place, pregnancy can be passed through without accident, and labour can be accomplished in safety, the very functions being normally discharged that are supposed to be especially disordered by ulceration of a far simpler type than that described above as occurring under much more favorable circumstances. This proposition concerning non-impairment of uterine function by ulceration is fully demonstrated in the present lecture by the discussion of a series of questions founded upon the analysis of 1,226 cases which is well deserving of a careful consideration. Dr. W. has further more shewn that menstrual disorder is not more common, more severe or different in kind; leucorrhœa is not more abundant nor furnished from a different source, and pain is not more excruciating when the os uteri is ulcerated than when that condition is absent. These opinions are borne out by tables that have been constructed from which it appears that amenorrhœa existed in 37.6 per

cent of cases where ulceration was absent, and in 30 per cent when it was present, and menstruation was irregular in 6.4 per cent when ulceration was absent, in only 5.9 per cent when it was present. Again leucorrhœa existed in 89.6 per cent of cases of absent ulceration, and in 93 per cent of those in which the lesion was present. In the former it was profuse in 37.6 per cent and in the latter in 44.1 per cent, and lastly, there was no complaint of pain in 14.6 per cent of females without ulceration and in 14.4 of those who laboured under this disorder.

The great truth which the preceding facts teach, is, that ulceration of the os uteri is not the cause of the local and constitutional derangements to which the female system is obnoxious and we must therefore seek some other explanation of their production. To this inquiry Dr. W. devotes his third and last lecture. Our limits do not now permit us to develop our own views on this interesting subject, and we shall therefore conclude with a short quotation which embodies Dr. W.'s opinions: "I believe that instead of the different symptoms which are supposed to depend upon ulceration of the os uteri being produced by that or by any other single cause, they in reality arise from very various causes; that at one time they attend on general constitutional disorder; at another, on some ailment of the sexual system and that ailment by no means the same in every instance. If this be so, however, instead of the consideration of one pathological condition of the uterus and its possible consequences we have to enquire into little less than uterine disorder in general, their causes and their symptoms."

XXXIII.—*Nature in disease*, illustrated in various discourses and essays. To which are added miscellaneous writings, chiefly on medical subjects. By Jacob Bigelow, M. D., Physician and Lecturer on Clinical Medicine in the Massachusett's General Hospital; Professor of Materia Medica in Harvard University; President of the American Academy of Arts and Sciences: and late President of the Massachusett's Medical Society. 1854, pp. 391. Boston: Ticknor and Fields. Montreal: B. Dawson.

Dr. Bigelow has produced a very readable little volume, abounding in facts and hints of practical importance. His style is chaste, being entirely devoid of bastard carlyleism, verbosity, or evident straining after effect. His language is terse, elegant, and always to the point. We like much the views which he entertains regarding medical education and the treatment of disease. The essays on those two subjects

we recommend to the careful consideration of our readers, convinced that an attentive perusal of them will be attended with equal pleasure and profit. The following sentences are pregnant with truth: "Much injury is done to the cause of true learning by medical assumption, amplification, and exaggeration, by premature adoption of novelties, and by tenacity of theories, personal or espoused. Students, in all former years, have expended much time in learning, what it afterwards cost them both time and trouble to unlearn; in acquiring, not merely the truths of science, but the crude announcements and plausible doctrines of sanguine or ingenious men. How much time has been wasted in some of our distinguished seminaries, in acquiring the visionary and now neglected theories of Rush and Broussais." (p. 95, 96.)

The book has been brought out in good style by Messrs. Ticknor and Fields.

CLINICAL LECTURE.

(From Dublin Medical Press.)

Clinical Lecture on Physical Diagnosis in Fevers. By E. A. Parkes, M. B. Lond., L. R. C. P., Professor of Clinical Medicine, University College, London.

Typhus and Typhoid.—Dr. Parkes, last week, after describing all the familiar symptoms of typhoid and typhus, went into considerable length as to the difficulties of diagnosis. Occasionally we have local manifestations of disease of such severity (he observed) as may lead us to overlook the nature of the disease altogether. We may treat cough, dyspnœa, bronchitis, in a word, with all its various phases, and yet the disease be typhoid fever; other times, diarrhœa of a most troublesome kind is persistent—indeed many deaths are registered in London as deaths from diarrhœa, but they are nothing more or less than deaths from typhoid fever. Yet, if a correct examination were made, and the history of these cases made out, they would give us the tenderness of the iliac fossa, the rose-spots I have just described as so characteristic of typhoid, and in fact all the progressive conditions of this disease. Again, we may have nervous symptoms predominant—an ataxic form of typhoid; and here you will find very great difficulty indeed in the diagnosis. These difficulties are not attended to sufficiently in practice.

Fourthly, we may have a still more troublesome and insidious form of typhoid, attended with weakness and weariness, excessive thirst, no shivering; the patient has no very marked symptoms of any kind, yet suddenly dies of perforation of the intestine. All these difficulties of

diagnosis should lead us more and more to study the disease, as only by seeing the entire features of the history of the case, can we come to understand really what it is.

We will now, as illustrations of typhoid, take one or two of the cases up stairs in the wards at present, and I will read to you from the case-book the history :—

T————, aged 21, admitted September 30. Her previous history, as in all such cases, is a little deficient, as when patients are very bad in fever you cannot get that connected account you wish. She was born of phthisical parents; she has been very poor, and has suffered many privations. The disease first came on by vertigo, shivering, and, after the fourth day, profuse purging with extreme weakness, loss of appetite, thirst; two or three days after, pain in the abdomen. Diarrhœa lasted fully a week, headache also continued for that time; muscular weakness and thirst not abated. She then sought relief in University College Hospital. (Dr. Jenner, who has described this disease, also saw her; these cases, in fact, are now very interesting.) The symptoms in hospital were first, on coming in, excessive heat and dryness of skin, as shown by the thermometer at 105° Fah.; flushed face; abdomen presenting the peculiar red-rose spots, disappearing on pressure, slightly elevated; in fact, the rose-spots we now recognize as so characteristic of this disease in contradistinction to the mulberry-colored blotches of typhus. She complained of frontal headache, with other nervous symptoms well-marked; tightness across the sternum, frequent cough, and, on stethoscopic examination, dry bronchitis; but no deeper-seated disease of either lungs, or chest generally; the actions of the heart quite normal; the pulse, I should have said, so high as 116. Careful palpation over the liver detected nothing wrong; the same remark applies to the opposite side, at the angle of the large intestine and spleen. She had, as many of you will remember (I dwelt upon it at the time,) excessive tenderness over the abdomen, and more especially in the right iliac fossa; there was marked anorexia; the stools were liquid, yellowish, granular; the tongue large, and red at the tip, moist, not at all the tongue of typhus. You will remember, we have seen all these symptoms in more than one other case to-day also, as we were going round; they are very worthy of study, as so often met in medical practice.

As this subject of physical diagnosis in fevers is one in which I wish to exercise you, as it is, in fact, in practice in England, one of very eminent usefulness, and, in London, a matter in which at any moment you may be called upon to put in force, we will skip now from this part of the case, and come to the sixteenth day of the disease. And how are you to know it? You are brought to see this young woman, we will say, for the first time; the specific rose-spots are gone; she is laboring to all intents and purposes under severe bronchitic and chest symtoms (a chemist, or practitioner with a druggist's shop, has prescribed, and given cough mixtures perhaps, without seeing her); you find her respiration 30 in a minute, cough incessant, with some expectoration, nervous symptoms also well-marked; vertigo complained of, torpor, the eyes closed; she is delirious at night; she has also diarrhœa, pain over the abdomen, pulse quick, tongue furrowed and somewhat coated. Suppose, I say, you were called to such a patient, and moreover she is unable to give

any account of the previous illness, how are you to make the diagnosis? There are only two ways—one the positive method, the other the method as it is called by "exclusion." The first is obvious enough, and will of course be more valuable to the practised eye of the experienced physician, who seizes the nature of the case at the first glance by a sort of intuitive knowledge of what typhoid really is. Now the method of diagnosis by exclusion—the plan of logic-writers, *per viam exclusionis*, in this and other diseases, is one, though not without disadvantages, yet of no mean importance. The first question you resolve in your mind will be—Is she or he, as the case may be, laboring under any of the idiopathic fevers? any of the exanthemata? No. Is it typhus? You make the same answer, as the eruption in ty-*phus* is as different from ty-*phoid* as scarlatina from measles. The eruption is absent in patients under 22 or 21 (this patient's age is about this.) Is it relapsing fever, so common in some years, as 1828-29? No. You ask yourself then, is it typhoid? Yes, nervous symptoms are marked, chest symptoms and diarrhœa also; the latter loose, granular, yellow, so peculiar to typhoid. You have soreness of the right iliac fossa; but then you say we have no rose-spots, and then you remember in at least 20 per cent. these rose-spots are not found. You must weigh and balance all these circumstances in your mind.

There are two diseases not unlike typhoid, to which I wish now to direct your attention, and which may be mistaken, and are mistaken for typhoid—one is *pyæmia*, so called, but it is quite untrue there is any pus in the blood; the other is *acute tuberculosis*. In pyæmia we have its positive indications absent, such as inflamed joints, diseased veins, &c.; we have septic materials in the blood in pyæmia, and a vital change perhaps in that fluid, but you cannot well mistake it for typhoid fever. There is another disease, however, which has been lately quite mistaken for typhoid—this is *acute tuberculosis*, in which, more or less, every organ in the body becomes studded with tubercles, and known in England and the Continent as "miliary tubercles", in the intestines, heart, lungs, and in the female, even in the uterus, and pelvic viscera. It is a disease common in younger patients. The disease, however, is extremely rapid, in three or four weeks usually coming to an end. It is attended with febrile symptoms, furred dry tongue; the symptoms, in fact, all like as possible of typhoid. It runs parallel, so to speak, with typhoid, but is not typhoid. Acute tuberculosis is often mistaken for typhoid, but the *rose-spots are absent*. In these cases the best observers will make mistakes. These tubercular deposits are miliary; they are uniform over the lung. We have no opportunity of comparing disease in one part of the lung with another; no stethoscopic indications, in fact, but those of bronchitis. Again, in this disease of acute tuberculosis, the head symptoms are always most intense, from deposit, in the shape of acute meningitis: the latter produced by deposit of tubercle. It is, in fact, something quite out of the common to find bad headache in typhoid; torpor is more common; and according as the disease advances, as a general rule, head symptoms are found to go away. You will find, also, if you study these cases in the wards of the hospital for yourself, that the pupils are dilated in meningitis, and that the special senses of hearing, taste, smell, &c., are all more or less affected. Deafness, for instance, is common; and, as I have just said, you will have most intense headache.

Again, in one disease the abdominal symptoms will seize your attention; in the other, the head or chest symptoms. Diarrhœa is not so frequent in one; while in the other it is almost specific. In acute tuberculosis, you will not find the intestinal glands red and inflamed; in the other affection we are speaking of, it is very characteristic after death. The typhoid stools are liquid, yellow, or brown, containing albumen, and coloring matter of bile; this singular substance rendered mahogany-color by nitric acid. In hospitals I would advise you to familiarize yourselves with all these circumstances.

To sum up the whole matter, then, you will find that in these two diseases, confounded by superficial observers, we have a prominence, at the bedside, of head symptoms in one, and abdominal symptoms in the other. We have symptoms also of pyrexia in one. We may have "typhoid pneumonia," using these words now in a different sense, "typhoid" as an adjective; with all the other differential signs indicated. Then bad influenza, with capillary bronchitis, may also be mistaken for one of these diseases, purulent meningitis and a disease lately described in Ireland "cerebro-spinal meningitis".

THERAPEUTICAL RECORD.

(From Nashville Jour. of Med. & Surgery.)

Solidification of Cod-Liver Oil.—M. Stanislas Martin, pharmaceutist, Paris, gives the following process to make this oil palatable to patients: Cod-liver oil, 125 grammes; spermaceti, 23 grammes (in summer, 20 grammes in winter); mix, heat over a sand bath in a close vessel, pour into wide-mouthed vessels, and allow it to cool without shaking. An aromatic essential oil may be added. Cod-liver oil thus prepared looks like jelly. Mix with unleavened bread, gum, liquorice, or flour wet with sugar-water.—*Dub. Med. Press.*

A new method to extract fish bones from the Œsophagus.—We see tartar emetic in sufficient doses to act, and then the whites of six eggs immediately swallowed, recommended in the Scientific American. The coagulation of the albumen and its ejection from the stomach will, it is thought, entangle the foreign body.

Poisoned by Chloride of Zinc—A case is mentioned in the London Lancet, in which an infant swallowed by mistake a solution of chloride of zinc. Dilute sulphuric acid in milk was prescribed, with the view of converting the salt to a sulphate, and it answered well—the little patient recovered.

The seeds of Asparagus a substitute for Coffee.—Baron Liebig has discovered that the seeds of asparagus contain large portions of tannin analagous to that which is found in coffee, and, therefore, may be found a substitute for that delicious and universally-adopted beverage. They

have been tested in England, and found to possess all the richness, flavor and aroma of the best mocha coffee. This will be interesting information to the consumers of coffee, as the important article commands an exorbitant price in our market, while the asparagus is easily cultivated and prolific in its yields.—*Boston Med. & Surg. Jour.*

Dropsy.—Diuretic Wine.—M. Grand, pharmacien, publishes in the Repertoire de Pharmacie, for June 1854, the following formula for diuretic wine: sliced bulbs of squill, eight parts; powdered digitalis, eight parts; canella, twelve parts; acetate of potassa, fifteen parts; Madeira wine, five hundred parts. Macerate for eight days and strain. The dose is half an ounce, which may be increased to a wine glassful daily. —*Virg. Med. & Surg. Jour.*

Herpes—Ointment.—Dr. Quintanilla announces in the Bulletin de Medicina, that he has succeeded in curing a large number of obstinate herpetic eruptions by the following ointment: ℞. Of powdered cinnabar, 4 parts; sublimed sulphur, 2 parts; laudanum, 2 parts; fresh butter, 32 parts; with a few drops of essence of mint. The diseased surface should be carefully cleansed with warm soap water thrice daily, and then covered with ointment.—*Ib.*

Frictions with Vinegar to cure Itch.—Dr. Le Cœur has cured ten cases of itch, by frictions with vinegar. He has them rubbed three times aday with a hard sponge well moistened with vinegar. The friction is to be rough enough to destroy the vesicles. The medium duration of the treatment in these cases was less than five days. He thinks it may be reduced to a much shorter time by general frictions practiced in the same manner. The economy, absence of disagreeable odor, facility of application, and the celerity of action, render this method of cure worthy of a trial.—*N. Y. Med. Gaz.*

Prof. Erichsen's Prescription in Scrofula.—In his System of Surgery, he says he has found the following prescription most efficacious in removing strumous enlargements and deposits of aplastic and tuberculous matter:—

℞ Potassii iodidi:
Potassæ chloratæ aa ʒi.
Potassæ bicarbonate ʒiii.

Divide into twelve powders, of which one is to be taken night and morning in half a pint of warm milk.

PERISCOPE.

Treatment of Gangrene of the Lungs.—Prof. Skoda, of Vienna, has recently published four cases of gangrene of the lungs successfully treated by inhalations of the vapor of oil of turpentine and internal use of sulphate of quinine. Under this treatment the cure was rapid, without

leaving infiltration, caverns, or any abnormal sounds; the vesicular respiration having re-established itself. The vapor was inhaled every two hours, for five or ten minutes, and the quinine given in one grain doses every two hours. In order to render the turpentine vapor less disagreeable, oil of roses may be added, as did Mr. Skoda in one of his cases. —*Zeitchr. d. K. K. Gesellsch. d. Aerzte.*

On the Nasal Irritations in the Treatment of Ozæna.—By M. Maisonneuve, Hôpital Cochin, Paris.—All physiologists are aware that, in the act of deglutition, the pharynx and soft palate close the communication of the fauces with the nasal fossæ, by a combined movement, so as to prevent the alimentary bolus from regurgitating into the nostrils; but no one, so far as I know, has yet mentioned the production of this same phenomenon under the influence of injections of liquids by the anterior nares, nor remarked that injections propelled violently into one nostril invariably escaped by the other, without penetrating into the throat.

This fact, to which I now desire to call the attention of surgeons, appears to me to be of considerable importance in the treatment of several serious diseases, and especially in ozæna.

Ozæna, as every one knows, is an infirmity consisting in an excessive fœtidity of the nasal secretions, depending on the protracted sojourn of blood, pus, and mucosities, in the recesses of irregular cavities, where they are subjected to the triple action of air, heat and moisture.

At each expiration, the air which traverses these cavities, is charged with putrid emanations, and forms a loathsome atmosphere around the patient; so that the victims of this disease become objects of horror and aversion.

Hitherto, our art has possessed only feeble resources against this appalling disorder. With the exception of syphilitic ozæna, in which the preparations of mercury and iodine have a direct action, the graver varieties of the disease have been regarded as nearly incurable. Cauterizations, insufflations of detersive and astringent powders, were employed indeed; patients were advised to inspire balsamic and emollient liquids, and timid injections were made with small syringes, but these remedies were but insufficient applications, and persons who used them, still exhaled the repulsive odour characteristic of the disease.

No one thought of using free and powerful injections, under the persuasion that they would penetrate into the throat.

Now numerous experiments have demonstrated to me positively that this opinion is completely erroneous, and that injections propelled with great force into one nostril, will always escape by the other.

It results from this fact, that we can readily wash out the nares, and free them from the accumulated crusts, mucus, and pus, which by their sojourn produce ozæna.

Nothing can be simpler than this operation. It suffices to introduce the canula of a large syringe into one nostril, and to push the piston energetically. A current is presently established, and foreign matters are washed away. The operation is not disagreeable, and may be executed by the patient himself.

Thus discharges are removed, the fœtor is corrected, and in a short time the morbid condition of the mucous membrane begins to amend, and a durable cure is ultimately effected.—*Virginia Medical & Surgical Journal.*

One Hundred and Eighty Cases of Intermittent Fever treated in the Philadelphia Hospital with Sulphate of Quinidia (Quinidine).—Reported by J. S. Dorsey Cullen, M. D., one of the Assistant Physicians.—The increased consumption of sulphate of quinia, and the fears lest the source from which it is derived should fail, have excited the ingenuity of the medical public to find some cheaper preparation of, or substitute for Peruvian bark. Quite recently the attention of the profession has been called to *quinidine*, the newly discovered alkaloid of cinchona, as possessing anti-periodic and febrifuge properties equalling those of quinia.

By permission of the physician in chief, Dr. A. B. Campbell, an opportunity has been afforded the writer of testing the virtues of this medicine in a large number of cases of intermittent fever treated in the Philadelphia Hospital during the last few months. A tabular report of these cases, with the result of the treatment, is subjoined.

From the similarity of their names much confusion has arisen respecting the *quiniodine* of Serturner ("the amorphous quinia of Liebig"), and the alkaloid *quinidine* here alluded to. It may, therefore, be best to give the following notice of these articles, taken from the new (10th) edition of the U. S. Dispensatory. After adopting, for the sake of an uniform nomenclature, the termination *ia*, the author says: "Besides quinia and cinchonia, there can be no doubt that one other alkaloid, *quinidia*, exists in Peruvian bark, and it is highly probable, that though found most abundantly in the pale, and some of the Carthagena barks, it is contained, occasionally at least, to a greater or less extent, in all. * * * With acids it forms salts, most of which are beautifully crystallizable, and much more soluble than those of quinia * * * When treated, first with chlorine, and then with ammonia, it does not, like quinia, yield a green colour, nor like cinchonia, a white one, but remains unaffected. It differs from quinia, too, by its much less solubility in ether. * * * The sulphate of quinidia is obtained from the quinidia barks by the same process as that by which the sulphate of quinia is from Calisaya barks. *Quiniodine* (or the subtance left after the crystallisation of sulphate of quinia, purified by solution and precipitation) consists of the alkaloids, mixed with a large proportion of resinous and colouring matters, into which the salts of the alkaloids have been transformed."

The price of sulphate of quinidia, though less than that of the salt of quinia, is higher than that of cinchonia; but, the fact that it abounds in the cheaper kinds of bark, especially in the Bogota cinchona, from which, at this time, it is extensively manufactured in Massachusetts, induces the belief that it will yet be obtained at a rate much lower than it now is.

The patients treated were chiefly Irish and German labourers, as their names indicate. Most of them had been employed on the canals, the banks of the river, and other exposed situations, which may explain the

great frequency of the quotidian type. Many of them, at the time of their admission, by their anemic appearance and enlarged spleens, showed that the disease was of long standing.

In every case, if time permitted, a purgative was given before commencing with the quinidia. Where there was much reason to doubt the truth of the statement made by the patient, as to the type of the chill—as, *e. g.* in the cases of the double quotidian, the medicine was not given until a paroxysm had occurred in the house. The quinidia was administered, in most cases, in doses of three grains every hour for five hours preceding the expected recurrence of the chill. If this failed to prevent the return of the chill, it was repeated on the following day. In cases of long standing, and in others of less duration, where the patient had evidently suffered very seriously from the attack, it was thought best to give him the security of a somewhat larger dose; and, in several instances, twenty grains were given on the first day. In all the cases reported in which the amount taken is a multiple of fifteen, the additional quantity was given on the following day. On the day after the arrest of the chill, each patient was put upon the use of the subjoined prescription, and in this way a decided anti-periodic influence kept up; the chief use of the quinidia being in the first place to avert the recurrence of the paroxysm, which it will be seen it did admirably:—

℞.—Serpentariæ, cinchonæ, gentianæ, aa ʒiv contus.; ferri citratis ʒss aquæ Oj. S. A wineglassful three times daily.

Of the 180 cases recorded, 111 were of the quotidian type, 35 of the tertian, and thirty-one of the tertian and quotidian, *i. e.* began as tertian, and entered the house as quotidian, or the reverse, while there were three cases of double quotidian. This is an unsually large proportion of quotidians, but it must be remembered, that the patients were, at least many of them, of bad habits, greatly exposed, or unwilling to give up their means of support so long as there was not a daily interference with the pursuit of it; besides which, much allowance must be made for what may be their erroneous statements. In 129 cases the chill was arrested by fifteen grains of the salt, and there was no return of it; though it must not be forgotten, that these patients were, as before said, kept steadily under the use of a compound infusion of cinchona with iron. On the seventh, fourteenth, and in those remaining on the twenty-first day, ten grains of the sulphate of quinidia were again exhibited.

Upon the whole. so well convinced is the writer of the merits of sulphate of quinidia, that with him it has entirely superseded the salt of quinia; being, he believes, quite as efficient in the treatment of intermittent fever, while its price, about one-third less than that of sulphate of quinia, renders it especially desirable for large hospitals, among the poor in private practice, and with all who are influenced by considerations of economy.

—*Amer. Jour. of the Med. Sciences.*

Cancrum Oris treated by the Application of Nitric Acid.—A case of cancrum oris has just occurred in St. Bartholomew's Hospital, under the care of Dr. Baly, which has well illustrated the usefulness of the appli-

cation of the strong nitric acid. The patient was a boy, in whose left cheek the phagedenic ulceration commenced during recovery after scarlet fever. The internal use of chlorate of potass was first tried, and persisted with, in ten-grain doses, for several days, the disease, meanwhile, being unchecked. A single free application of the concentrated acid was then made to the part, and with the effect of completely arresting the morbid action. The induration of the surrounding part has since gradually subsided, and the sore is now almost healed. The case, although not one of the most acute class, was yet of a character sufficiently alarming.—*Med Times and Gaz.*

Application of Coniin in Scrofulous Photophobia.—Prof. Mauthner, of Vienna, extols the efficiency of the external application of coniin for the non-inflammatory spasmodio contraction of the orbicularis palpebrarum muscle in scrofulous children. The following is his formula for its use. ℞.—Coniinæ gr. ss.; ol. amygdal. dulc. ℥j; solve. The eyelids are to be pencilled with this twice or thrice daily. He says the most obstinate cases are cured by it in from eight to fourteen days.

He also recommends the preparation for hard, indolent, glandular swellings of the neck.—*Journ fur Kinderkrankheiten*, 1854.

GERMAN.

Abortive treatment of Mastitis by Nitric Acid.—Dr. Blaschko having witnessed the successful results attending the application of Nitric Acid in Orchitis, was led to its employment in Mastitis, and the success was such as to warrant his warmest approval. Late one evening he was called to a patient whom he found labouring under violent pain of the right mamma—the volume of which was greatly increased—the redness intense, temperature exalted, and the cardinal symptoms of local inflammation strongly marked. Lactation from the recent death of her child was arrested. The patient had already passed two sleepless nights, tormented with pain, and Morphia was prescribed. The following day he resolved to try the Nitric Acid, and with a pencil of lint, smeared the inflamed part five or six times. As if by magic did the pain disappear, and a violent sensation of burning was felt, which lasted about a quarter of an hour. The temperature was lowered, the redness gave place to a yellow colour, and it resumed its volume as after the application of collodion. The patient could attend to her household affairs during the day. When applied the second and last time, total absence of pain followed, and a few days afterwards the nodes remaining in the gland were dissipated by warm cataplasms.—*Med. Centr. Zeitung.*

On regeneration of divided Nerves.—C. Bruch publishes the following in Siebold's und Koelliker's Teitschrift. A cat, on which B., on the 23rd Dec, 1853, divided the Ischiatic nerve in the middle of the thigh, was,

after it had for a long time lost all trace of interruption to the function of the limb, and had become fat and strong, killed on the 21st January 1854. The cicatrix in the skin was completely healed, there was no adhesion to the adjacent texture, the muscles were of their normal colour, and showed in the place of the cut blood like streaks.

When these were separated from one another, not the slightest abnormity could be seen. When first separated, a place was observed, which appeared softer and greyer, and by stretching, somewhat thinner than other parts, but on removal of extending force returning to its original volume; the regeneration was the most complete. When Bruch separated a thin bundle for examination with the microscope, and detached a few fibres from each other, he found fibre united to fibre, no blind or lost ends, and on each fibre was the seam visible, where the union of the cut ends must have taken place. No where hung two or more fibres together, no where an intermediate substance, no where an exudation or a callus; on the contrary, the neurilemma appeared rather thinner than thicker. The end of each central fibre had thus found a peripheral one, with which it had formed a continuous and isolated fibre. Above and below the scar, the fibres were healed in all their parts, and in every respect normal.

The site of the scar, was everywhere characterized by a little more depth, but on the whole, a distinct annular constriction, which was very broad and at both sides, a somewhat bellied or swollen, bottle like siphon. The "white substance" was, in all the fibres, as well above as beneath the point of division, for a short distance, clouded, crumbly, granular, or finely spread and doubly contorted, but on the place of the cut and on the bellied enlargement perfectly clear and transparent. Through this space, could be seen without reagents or further preparation in many instances, the axis cylinder, going through the centre, whereby its diameter had not much altered, now small, now thicker; in less frequent places, it terminated abruptly on one side or another and was no longer visible. It thus appears that Regeneration principally took place in the outer sheath and axis cylinder, while the "white substance" (Nerven mark) was not completely restored or by another more transparent substance.—*Medizinische Neuigkeiten.*

Collodion in Orchitis.—Very satisfactory results have attended the application of a solution of gun cotton turpentine, &c., in Orchitis. The proportions are as follow: 60 parts of Collodion, 1 of Ricinic Acid, and 3 of Turpentine. The application was not attended by the least pain; on the second day after the re-application of the remedy, pain, swelling and heat disappeared.*—*Ibid.*

FRENCH.

Vératrine dans le rhumatisme (Marotte.)—Si j'ai su, dit M. Marotte, interpréter d'une manière judicieuse les faits que j'ai observés et ceux dont j'ai lu la relation, l'opinion qui attribue les effets curatifs de la vé-

* Unfavourable results have sometimes attended its use, and in certain instances the most intolerable pain has succeeded, without the slightest benefit.—*Translator.*

ratrine à sa puissance sédative et non pas à son action irritante sur le tube digestif, est la seule fondée. La preuve la plus capitale qu'on en puisse donner, est la guérison de certains rhumatismes pendant l'administration de ce médicament, sans qu'il ait produit la moindre évacuation, le moindre trouble des voies digestives; guérison qui étonne par une rapidité et une netteté qui ne sont pas le fait habituel des rhumatismes accompagnés de symptômes généraux et locaux aussi intenses, et qui ne peut être attribuée qu'à la puissance sédative de la vératrine, reconnaissable à l'abaissement du pouls et de la chaleur générale, en même temps qu'à la diminution des lésions articulaires.

L'action sédative de la vératrine se trouve également dans les observations où elle a déterminé des troubles digestifs. Elle constitue donc un fait beaucoup plus constant que la diarrhée et les vomissements; elle doit donc avoir, par cela même, une part plus grande et plus constante que les troubles digestifs dans le résultat définitif. C'est ce que démontre surabondamment l'analyse attentive des observations recueillies jusqu'ici. En effet, non seulement les vomissements et les garderobes manquent quelquefois complètement; mais il n'est pas rare de ne les observer qu'une ou deux fois et à des intervalles de plusieurs jours, tandis que la dépression du pouls et l'amélioration du rhumatisme suivent une marche progressive et non interrompue.

Il y a plus, dans ces observations aussi bien que dans celles où des troubles digestifs sont plus suivis, les évacuations atteignent rarement par leur durée, par leur nombre ou par leur quantité, une importance assez grande pour qu'on puisse leur attribuer les modifications heureuses et rapides qu'on observe. Lorsque les purgatifs amènent de ces changements dans le rhumatisme, les évacuations sont nombreuses et abondantes. — Ajouterai-je, enfin, que, plus d'une fois, ainsi que l'a remarqué M. Trousseau, l'élévation du pouls et l'exacerbation des douleurs a coincidé avec l'apparition des évacuations et en particulier des vomissements.

Admettons que, dans certains cas, une amélioration évidente succède à des évacuations produites par la vératrine; faudra-t-il en conclure que l'effet évacuant constitue l'action propre du médicament dans la majorité des cas? On n'a pas oublié, sans doute, que la diarrhée est une des terminaisons critiques du rhumatisme; Stœrck, de Mertens, Stoll, et tous les auteurs qui ont écrit sur le rhumatisme, ont constaté ce fait. Il n'y aurait donc rien d'étonnant à ce que cette crise favorable fut déterminée par un médicament qui, à son action sédative générale, joint une action irritante locale. C'est ainsi que j'explique la promptitude avec laquelle a cédé à une potion de teinture de colchique (qui amena des évacuations abondantes), le rhumatisme articulaire aigu, accompagné de phénomènes généraux très intenses et d'endocardite valvulaire, que le docteur Fabre a observé dans le service de M. Rayer, et qui avait résisté au traitement antiphlogistique combiné avec la sulfate de quinine. Cette dernière circonstance m'autorise à penser que la maladie durait déjà depuis un certain temps, et avait été amenée par la médication combinée au point favorable à la crise, pour peu qu'elle fut sollicitée là où elle tendait: *quo vergit eundum.*

L'impossibilité d'expliquer les faits thérapeutiques de la vératrine par son action évacuante, devient encore plus évidente si l'on se rend compte des conditions dans lesquelles cette action évacuante se manifeste.

Deux, trois pilules ont produit quelques vomissements ou quelques garderobes ; vous vous contentez de ne pas augmenter la dose, et, dans la pluralité des cas, tout est rentré dans l'ordre dès le lendemain. Souvent même vous pouvez reprendre l'augmentation progressive, et arriver à une dose double ou triple, sans que les troubles digestifs se renouvellent. Quelquefois même, la tolérance s'établit, quoiqu'on ait donné une pilule de plus. Les cas sont rares dans lesquels la suspension complète de la vératrine est nécessaire ; encore, dans ces cas-là, peut-on reprendre le médicament après un jour de repos, quelquefois même à la dose antérieure, sans plus grand inconvénient que précédemment.

J'ai dit plus haut que la tolérance s'établissait quelquefois quoiqu'on eut continué à augmenter les doses, et j'en ai donné des exemples ; mais je dois ajouter que, le plus souvent, le défaut de tolérance tient à ce qu'on n'a pas suivi le précepte qui avait été déjà donné à propos de l'émétique à haute dose, et que M. Piédagnel a renouvelé pour la vératrine, savoir : de ne pas augmenter la dose ou de rétrograder jusqu'à celle qui ne détermine pas d'accidents physiologiques (Obs. II du docteur Fabre). Moi-même je ne suis peut-être pas toujours resté assez fidèle à ce principe. Peut-être serait-il convenable de donner la vératrine à doses plus réfractées (un quinzième à une vingtième de grain) données toutes les heures, tous les cinq quarts d'heure, chez les malades qui la supportent difficilement ; on pourrait arriver aussi surement à l'effet sédatif, tout en évitant l'effet évacuant (1).

Je ferai une dernière remarque qui justifie l'assimilation que j'ai établie plus haut entre la vératrine et le tartre stibié ; c'est que, moi qui ai employé des doses plus rapidement croissantes et plus élevées que MM. Trousseau et Fabre, j'ai déterminé des effets évacuants, sinon plus rares, du moins aussi peu marqués que ceux qu'ils ont observés.

Je partage donc l'opinion de mon honorable collègue, M. Piédagnel, sur l'efficacité de la vératrine et sur son mode de traitement du rhumatisme articulaire ; je le félicite d'avoir réhabilité le colchique dans son principe actif, et d'avoir mis entre nos mains un moyen dont l'action fut plus facile à doser avec certitude ; mais cela ne veut pas dire que la vératrine soit à mes yeux un spécifique infaillible auquel aucun rhumatisme ne doive résister. Comme le nitre, comme le sulfate de quinine, comme la saignée, la vératrine est souvent d'une merveilleuse efficacité ; dans certains cas elle est seulement utile, dans certains autres elles échoue d'une manière plus ou moins complète. Comme moyen thérapeutique, elle peut être donnée seule ou, au contraire, précédée, accompagnée ou suivie d'une autre médication. Elle a, en un mot, ses indications et ses contre-indications.

Solution d'iode dans l'hyposulfite de soud, (Miergues.—Hyposulfite de sonde, 10 grain ; Iode, 1 grain ; Eau, 300 grain.—Une cuillerée par litre d'eau comme boisson ordinaire vantée contre les diathèses humorales.

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(1) M. Garnier, pharmacien à Paris, prépare des *granules contenant un milligramme de vératrine* qui rempliront parfaitement ces inclinations.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

MEDICAL MATTERS IN THE CRIMEA.

"From some letters in the Medical Times and Gazette, it appears that the ambulance corps has been a failure. The debauched old pensioners, of whom it was mainly composed, were swept away by the cholera at Varna. The carriages even were not in the field at Alma; the wounded had to be carried to the beach, a distance of two miles and a half, on stretchers, or mostly on such temporary contrivances as seamen's hammocks slung on oars. One thousand seamen were employed for three successive days in carrying the wounded to the beach. All the disengaged medical officers of the fleet were likewise employed in whatever way they could make themselves useful; and yet a great number of the amputations were secondary; indeed, many capital operations remained to be performed on board the transports in the voyage down to Scutari. Only one army officer was detached to accompany the more than 2,000 wounded and sick sent to Constantinople after Alma. The naval men went with them cheerfully, and laboured night and day for the poor fellows. Yet Lord Raglan, in his dispatch, mentions only the services of the executive officers and seamen. There is not a word said in that or any subsequent dispatch of poor Mackenzie even, who, having accompanied the army as an amateur, laboured hard after Alma, performing brilliantly many most important operations on the field. A few days after Alma, he died of choleraic diarrhœa, brought on by fatigue, hardship, and privation. But, if the "commander of the forces" has been unmindful of these professional services to his army, the brave wounded men of the battle of Alma, both officers and privates, have not been ungrateful. They have been loud in their expression of thanks to the medical officers of the navy. That old war-surgeon, Guthrie, has always contended that there is no hemorrhage from gunshot wounds. Alma has borne him out. Some of the wounded were not brought in till the third day; yet I heard of no deaths from loss of blood. When a man wounded, however slightly I would say, in any of the extremities, than the limb is immediately strangulated by a rude contrivance called a temporary tourniquet—of which there are hundreds distributed about the "quarters" in all ships. No great harm is done, as, fortunately, medical assistance is always at hand in men-of-war. Not long ago, a marine, in one of the ships in this fleet, having cut his throat, and the circumstance being reported to the mate of the watch, his first expedient was to call for a tourniquet! • •

• • • • There is much less cholera now among the troops, but diarrhœa still prevails greatly. It will appear by and by, when the public, having recovered their sober peace senses, and can be brought to listen to the dark side of the war, it will appear, that in point of sickness and mortality, this has been one of the most disastrous campaigns on record; 10,000 men have disappeared from the ranks since the army landed in the Crimea. Many of them are only sick, it is true, and will soon again appear on the scene. The Russians, the poor soldiers say universally, are nothing to the cholera and diarrhœa. The next thing will be scorbutic dysentery, for they have been since they landed almost constantly on salt provisions; and there are no prospects of better fare, while also the cold wet weather will now soon set in. In the affair of the ships against the batteries on the 17th, the wounds were principally from fragments of shells. In naval actions, in the present day, "we are all rowing in the same boat." The surgeon of the Albion was wounded in the cockpit. Some of the men in the same ship wounded first at their guns, were a second time wounded in the cockpit, where they had been carried for shelter and medical attendance. • • • • •

Another letter concludes with: "You will be interested, also, to know that eighteen operations were performed in my field-hospital, of which number one only was unsuccessful; but this, I deeply regret to add, was upon the person of a brother-officer. There was abundance of assistance at hand. One curious and remarkable result at Inkerman was, the very few balls I had to extract; owing to the close proximity of the combatants, they generally penetrated both sides of the limb or body, which was very different at Alma."

Female Physicians.—"A lady suffers from a headache, the female physician is called in, and prescribes a new bonnet. Another female doctor finds her patient dying to go to the seaside. The husband might as well write and take the lodgings instantly; the doctor will be sure to order it.

Prescriptions will be made up of new dresses, bonnets, boxes at the opera, broughams, a party now and then, increased allowances for housekeeping, trips out of town, and the thousand and one other little whims which ladies are constantly "dying" to be indulged in.

The doctors will declare late hours on the husband's part most dangerous; order them, as they prize their health, to leave off dining at their clubs; tell them that latch keys are undermining his constitution; that cold mutton once a week on washing days is highly beneficial to the system; and as for smoking in the drawing-room, or bringingmen home

unexpectedly to dinner—they would not answer for their lives a single day unless they give up such unwholesome practices.

Women have got already sufficient means of mastering us. Let them have doctors of their own sex to assist them, and the husband's case will be indeed a hard one.

"Perhaps, after all, there is no great absurdity in the notion of female physicians. All physicians except those who pratice gratuitously, may be designated by the word female spelt with another *e*; and there are not a few of whom that is all that can be said. If the head woman is not calculated for the formation of a diagnosis, she can at least shake it in a difficult case, as effectually as a man can: and having a softer and more musical voice than the masculine, she is better qualified than the most men are for that large part of medical practice which consists in whispering comfort to invalids."—*Punch.*

AN ACT TO INCORPORATE THE UNIVERSITY LYING-IN HOSPITAL IN THE CITY OF MONTREAL.

[Assented to 18th December, 1854.]

Whereas an Association hath existed for several years in the City of Montreal, in this Province, under the name of the University Lying-in Hospital, the object whereof is charitable and to afford the means of furthering the acquisition of obstetrical science, and supply scientific aid to destitute females at a critical period; And whereas the said Association is composed of the persons hereinafter named and others, who have set forth in their Petition, that the Incorporation of the said Association would greatly increase and secure the advantages resulting therefrom, and have prayed that they and their successors may be incorporated in conformity with the regulations and provisions hereinafter mentioned: Be it therefore enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Legislative Council and of the Legislative Assembly of the Province of Canada, constituted and assembled by virtue of and under the authority of an Act passed in the Parliament of the United Kingdom of Great Britain and Ireland, and intituled, *An Act to re-unite the Provinces of Upper and Lower Canada, and for the Government of Canada*, and it is hereby enacted by the authority of the same, as follows:

I. Margaret Lunn, Mary Fulford, Eleanor Ostell, Directresses; Augusta Durnford, Secretary, of the said University Lying-in Hospital; Andrew F. Holmes, M.D., G. W. Campbell, M.D., O. Bruneau, M. D., W. Sutherland, M. D., James Crawford, M. D., William E. Scott, M. D., William Wright, M. D., Robert Palmer Howard, M. D., and William Fraser, M. D., Consulting Physicians to the same; Archibald Hall, M.D., Physician in Attendance, and Benjamin Workman, M. D., Medical Registrar, also Officers of the said Lying-in Hospital, and such other persons as now are or shall, under the provisions of this Act and the Bye-laws of the said Association, be or become Members thereof, shall be, and they are hereby constituted a Corporation, under the name of "The University Lying-

in Hospital," and shall be entitled to acquire, hold, possess, take and receive for the purposes of the said Corporation, but for the use and occupation only of the said Corporation, any real or immoveable property, and stocks and securities of any description not exceeding in yearly value the sum of one thousand pounds currency, and the same to sell, alienate and dispose of, and acquire others in their stead for the purposes above mentioned.

II. All and every the estates, real and personal, belonging to the said Association, and which the said Association, or the Members thereof as such, may hereafter acquire, and all debts, claims and demands due to the said Association, shall be, and they are hereby vested in the said Corporation hereby constituted, and the said Corporation shall be liable for all debts due by, or claims against, the said Association.

III. The By-laws, Rules and Regulations of the said association, in force at the time of the passing of this Act, shall be, and continue to be, the By-laws, Rules and Regulations of the said Corporation: and the Officers of the said Association, at the time of the passing of this Act, and each of them, shall continue to fulfil their respective duties as Officers of the said Corporation, and to manage and conduct the affairs thereof, until others shall be appointed in their stead, under the said By-laws, Rules and Orders.

IV. This Act shall be deemed a Public Act.

A New Bullet Extractor.—That "necessity is the mother of invention has just received another illustration. The frightful list of our wounded at the hard-fought battles of Alma and Inkermann suggested the idea of constructing an instrument for extracting bullets from the wounds with comparative ease, rapidity, and safety. The contrivance consists of a small air-pump and cylinder, to which a tap is affixed. To this tap is attached a suitable length of flexible tubing, about a quarter of an inch in diameter, lined inside with silver wire to prevent its collapsing. At the other end of this tube there is a small globe, from which a tube sufficiently minute to pass into a bullet wound is fixed, the end terminating with an India rubber collar. On the top of the globe there is a small tap in order to admit a probe to pass down the tube to sound when on the bullet. The mode of operation is this:—a vacuum is created in the cylinder, the tube before alluded to is passed into the wound, and when it is ascertained to be on the ball the tap in the cylinder is opened, when the bullet becomes fixed to the tube by the vacuum thus created, and is thus withdrawn. The great merit of this invention consists in its obviating the necessity for the painful and dangerous operation of cutting out bullets, and by its means a medical man, with the aid of an assistant to work the air-pump, would be able to accomplish the work which now occupies many surgeons."

Kirkbride on Hospitals for the Insane.—We have received from Dr. Kirkbride, Physician to the Pennsylvania Lunatic Asylum, an excellent work "on the construction, organization, and general arrangements of hospitals for the insane." The talented author has entered very fully into the subject. Indeed, there is no point connected with that all-important part of the treatment of the insane, which is included in the title of his work, that he has omitted to notice. We hope the new asylums to be erected in Canada may each be such as Dr. Kirkbride represents what an asylum ought to be.

Galt on Insanity in Italy.—From the general tenor of Dr. Galt's remarks, rather than from the insufficient statistics which are given, we should infer that insanity is more prevalent in Italy than we have hitherto supposed. Agriculturists and artizans, as in other countries, form the great majority of the insane; "but of 982, 56 are ecclesiastics, lawyers, physicians, and placemen: 26 are beggars and vagabonds. The hereditary influence, as traced in 52 cases; mania, 9; dementia, 15. Amongst the direct causes, 370 are moral causes. The physical causes amount to 249. Of these the largest in the catalogue is intemperance, 143 being so attributed. Twenty-seven are set down as owing to excessive venery, 11 to onanism, and 25 to insolation. Then the author has a third division, including chiefly different diseases, which he entitles physico-organic. Twenty-one are included under the head of organic, and five under that of palsy. It is doubtful, however, we think, whether we should consider these complications as simply such, or in the light of causative influences. As characteristic of the country, we find 24 to have originated from pellagra. Under the item meningitis, 19 are included."

Mayoralty of Boston.—"It affords us much pleasure to inform our readers," says the junior editor of the Boston Medical and Surgical Journal," that Dr. Smith, the senior editor of the Journal has been triumphantly re-elected Mayor of this city. This mark of confidence by his fellow-citizens is, without doubt, extremely gratifying to him, and we think he has merited it, for Boston never had a more energetic and faithful chief magistrate." We are very happy to hear of Dr. Smith's re-election.

TO CORRESPONDENTS.

Dr. Rultan. Send down particulars, and state whether the announcement is to be an advertisement or editorial notice.——*Dr. A. H. Bucke.*

Letter was mislaid, but now found, and missing numbers will be sent. An index was sent with last number of first volume, a copy of which is also sent.——*Dr. S. A. Scott.* Many thanks for the substantial proof of his kindness. Hope he will never do worse.——*Mr. Grey.* Sorry to hear of his misfortune, and trust he is himself again.——*Dr. McKellar* will excuse the apparent remissness which has almost been unavoidable.

OBITUARY.

Suddenly, at the Bruce Mines, 2nd ult., David M. Rintoul, M. D., second son of the late Revd. Wm. Rintoul, A.M., of Montreal, aged 24 years. The subject of the above notice went to the Bruce Mines, as Medical Officer to the Company, in July last, having completed his studies, and graduated at the McGill College, with honour to himself, in, the month of May previously. He held an important office in the Montreal General Hospital for 12 months previous to his term of graduation and performed its duties to the complete satisfaction of the Medical Staff of that Institution. The kind and efficient manner in which his professional duties were discharged at the Bruce Mines, is attested by the respect paid to his memory, and the universal regret on the part of the officers and workmen of the Company at his sudden loss.

Death of the distinguished Dr. Golding Bird.—We see this sad event noticed in the London Lancet. He died at the early age of 38. We quote the following in evidence of how he worked:

"A few words descriptive of the amount of mental labour through which he passed in the short space of fifteen years, form the best commentary upon his talents, industry, and zeal. In addition to acquiring the large practice we have alluded to, he filled the public medical appointments of a professor in a large metropolitan school, and of a hospital and dispensary physician. He had passed through the necessary examinations for his degree, and for his license from the London College. He yet had found time to cultivate the collateral sciences sufficiently to secure his elevation as a fellow of the Royal, Linnæan, and Geological Societies; time, also, to prepare three courses of lectures delivered at the Royal College of Physicians; and still leisure to write three editions of his Book "On Natural Philosophy," to compose his work "On Urinary Deposits," and to almost rewrite it in the four editions through which it has passed; and all this before he had attained his thirty-ninth year."

To which we may add Dr. G. Bird was the author of works of a lighter nature, as "Nick of the Woods" and other novels, which are well known.

CORRESPONDENCE.

THE CAUSE OF CARDIAC PAIN IN CHOLERA.

Mr. Editor,—Will you be kind enough to allow me, through your medium, to put the following inquiry to the profession.

Yours, &c.,

Canada West. INQUIRER.

In an attack of cholera, what is the cause of the intense agony complained of by the patient in the cardiac region? Is it cramps of the stomach, as most of the profession seem to think, or rather *cramps* or spasms *of the heart*, or both?

In some of the severe cases which I attended during the late epidemic, the principal complaint was made of an agonizing *pain* in the *region* of the *heart*, analagous to that of angina pectoris. And this pain, I may here state, yielded to the inhalation of chloroform, which is recommended for angina pectoris, and the patients recovered.

Now, it has been asserted, and generally admitted, that the arrest of venous blood in a muscle is a cause of cramp, and that this is the cause, (proximate at least) of angina pectoris.

Therefore, admitting the above, and that this is the cause of the cramping in the extremities, back, &c., in cholera; does not the same cause extend to that muscle, the heart—and is it not the cause of that intense agony complained of in the cardiac region?

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

(Reported by Chs. Ault, Apothecary.)

Obscure affection of the head of an intermittent character.—James McGuire, ætat 24 (an Emigrant of last season) was admitted on the 29th December, 1854, into the Montreal General Hospital, under the care of Dr. Arnoldi. He had been suffering for two weeks previous to admission, with a severe pain in his head, for which quinine was prescribed, and a blister to the nape of the neck. This he said relieved him for a time. On the day of his admission he was suffering from a severe pain in his head, of a lancinating character. The pain usually commenced in the region of the frontal bone and extended backwards to the occipital. There was not much constitutional disturbance, the tongue slightly coated with a white fur, thirst somewhat increased, bowels regular, pupils

natural, pulse slightly accelerated, and the temperature of the body increased. On inquiring more particularly, it was ascertained, that he occasionally saw like sparks of fire, at other times black moats floating before his eyes; now and then he would feel giddy and stagger upon attempting to walk or stand. Sometimes he experienced a momentary blindness. After these symptoms had lasted from eight to twelve hours they would gradually pass off, and the patient would fancy that he was perfectly well. But the pain of the head invariably returned every other day. It did not observe any particular hour of accession, sometimes early in the afternoon, at other times late in the evening.

December 29th. Was ordered Inf. Chamomile and Sodæ Carb. This seemed to lessen the violence of the pain, and the next day he felt much better than he had on any previous day, since the commencement of the disease. On the following day (Jan. 1st), however, the pain returned with its former acuteness. The same treatment was continued, but the effect this time not so marked as before.

January 3rd. Pain having returned, was ordered an Emetic of twenty grains Ipecac. and three grains Tartar Emetic. This had a temporary effect in checking the attack, but it again returned.

5th. The Ung. Bin. Iod Hyd. was freely rubbed to the nape of the neck until vesication was produced. This also afforded temporary relief.

9th. Calomel grs. viij. to be taken immediately and followed two hours subsequently by Antim. Tart. grs. iv. The effect here also was temporary.

All the above means failing, salivation seemed the most likely to succeed; and to obtain this he was ordered Pulv. Antimonilias co. grs. iv, every three hours. The compound antimonials are composed of equal parts calome', pulv. opiatus and pulv. antimonialis.

15th. In addition to the antimonials, an emetic of fifteen grains sulphate zinc was administered at the commencement of the attack. This had the effect of arresting the progress of the attack, but no permanent effect.

16th. Bowels being confined for the first time since his illness, was ordered a black draught with two grains antim tart.

18th. Attack again returned, sulph. zinc repeated, the antimonials were now omitted as the gums were slightly touched.

22nd. Has had no return of the pain since his mouth first became sore. Bowels being confined a cathartic was ordered.

23rd. Attack again returned, sulph. zinc repeated, but without effect.

24th. Seton was ordered to the back of the neck, but not fancying the operation he left the hospital.

Delirium Tremens.—Louisa Brown, ætat 34, suffering under an attack of *Delirium Tremens*, was admitted, 14th Nov., 1854, under the care of Dr. Arnoldi. Upon being questioned as to the nature of her complaint, she said she had the ague; and at the time had a cold fit which caused her to tremble. That night she slept none whatever; but was continually getting up out of bed and wandering about the ward. On the following day at the noon visit, the symptoms of delirium tremens were present in a very marked degree. The tremulousness was excessive, and the expression of her countenance very wild. She was ordered ten grains calomel, to be followed three hours subsequently by four grains tartar emetic. She vomited twice after taking the antimony. At the evening visit, the tremulousness to a great extent had subsided and she showed a disposition to sleep; which was favored by an opiate. That night she slept for several hours, also during the next day.

November 17th. She awoke bathed in perspiration. There being considerable prostration, an ounce of the following mixture was directed to be taken every hour, R. spts. ammon. ar. ʒ sp. vin. rect. ʒ aqua. ʒ ft. mist.

18th. Much improved, sleeps less. I may state that previously she slept at least twenty hours out of the twenty-four. Perspiration also diminished. The interval of taking the above mixture was increased to every three hours. In addition (her bowels being confined) two scruples pulv. rhei. co. with half an ounce lennac was administered.

19th. Medecine did not operate. Considerable pain complained of in epigastrium. Sinapism was directed to be applied over the stomach and a dose of calomel and jalap was given internally.

20th. Bowels freely opened, pain in stomach relieved. From this she steadily improved, and was discharged cured on the 27th of the same month.

MEDICAL NEWS.

The number of sick and wounded in the hospitals at Scutari, on the 25th October, was 2,339; and it was reported officially that the cases were in general going on most satisfactorily.——The military hospitals at Stoke, England, is to be prepared for the reception of about 400 invalid soldiers, wounded in the battle of Alma.——Dr. Walker Lewis has been commissioned by the Secretary of State for the Home Department, to inquire into the laws of foreign countries for the regulation of noxious trades and occupations, and to report on the effects of these employments on the health of the artizans.——Dr. Wm. Turk, the oldest surgeon in the United States Army, recently died at Newark, N.J., at the age of 77 years.——Dr. Rossiter of Savannah has been arrested on charge of having been concerned in the death of a Mr. Hilzheim, in connection with the wife of the deceased.——A Parliamentary paper recently printed states that the last day of the week in the quarter ending at Lady Day, 1854, there were 21,673 aged and infirm women in the workhouses of England and Wales, and 13,893 able bodied women. Of these latter, 5855 were of good character, 1904 of dissolute and abandoned character, and 3593 were mothers of illegitimate children, but were not of dissolute or abandoned habits.——A man in Haggerstown has just lost his seventh child by small pox, through his obstinacy in not having them vaccinated.——Dr. Huard, a French physician at San Francisco, has been named Chevalier de la Legion d'Honneur, in recompense for his devotion to the interests of the French population.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. XXXIII.—*Clinical Selections.* By Wm. Wright, M.D., L.R.C.S.E. Professor of Materia Medica, M'Gill University, &c.

III.—*Menstruatio Recidiva after* 17 *years' cessation.*

The form of rejuvenescence stated in the above heading, is one of the most rare with which we are acquainted. Dr. Mehliss, in the year 1838, published a treatise on the virilescence and rejuvenescence of animals, and of the total number of instances that had occurred to that time, there were only 10 of menstruation recurring in women advanced in life. Many more had been reported as instances of this anomaly, but upon careful scrutiny they proved to be simply "old wives' fables," and therefore had to be rejected, reducing the bona fide cases to the number stated.

Since the date of Dr. M.'s work to the present time, I have only been able to collect four cases entitled to implicit confidence, and have met with one which is now under my observation.

Of those selected, the most extraordinary is that given by Velasquez, of Tarentum, of the Abbess of Monoicairo, who at the age of 100, after a severe illness, had a recurrence of the catamenia, and not only this event, but a new set of teeth, and a fresh head of hair appeared. Next in point of interest to the above, is that of two nuns, a synopsis of which is to be found in the Lancet for 1846. In these ladies, menstruation recurred several years after it had ceased, and continued to a very advanced age. In one, the function had stopped at the age of 52, recurred at the age of 62, and continued with perfect regularity for 11 years, when the fact was recorded. In the other, the discharge ceased at the age of 52 also, recurred at 60, and had continued up to the date of the report, when the patient had attained four score years and ten of existence.

Although the case personally known to me is perhaps not so wonder-

ful as the foregoing, yet, since in some features it bears a close correspondence to them, and is in itself remarkably peculiar, its history may not be undeserving of a short notice.

Mrs. Gibson, ætat 61, married, the mother of one child, experienced the "turn of life," 18 years ago, and for 17 years afterwards never saw any sign of her catamenia. At the end of this time, however, her amenorrhœa suddenly disappeared, and the long suppressed function was restored. She says, and her veracity is above suspicion, that on the evening of the 9th June, 1853, her neighbour, Mr. Pollock, was shot dead by the troops (26th Regt.,) in their fire upon the congregation leaving Zion Church. The body was taken to the Station House close by, but being unknown was detained there during two hot days. At length, having been discovered by her husband, it was brought home. In the absence of one more willing, she proceeded to wash the corpse, and perform the last attentions it needed. But while thus occupied her grief for the loss of the deceased—horror at the late calamity—aversion to the duties engaged in, and loathsomeness inspired by putrefaction, produced so prostrating an influence, that she was completely overcome, and suffered such a shock as she had never felt before. The morning following the night when this happened, she perceived that her catamenia were upon her, presenting precisely the same character as they had in her younger days. They became profuse, and lasted during the three subsequent weeks, when a scanty leucorrhœa succeeded. From that period to this (Feb., 1855,) she has had regular recurrences of them, with intermissions of between two and three weeks' duration. They continue for about a week, and then succeeds the leucorrhœal discharge, till the expiration of the interval, when they re-appear, and so come and go with an unfailing periodicity.

Philosophers usually explain the phenomena of rejuvenescence by referring them to an irritation applied to the parts concerned, while there is persistent a complete energy and integrity of vegetative life, so that the mode in which it may appear will depend upon local causes. But, however much this interpetration may be adapted to most cases, it certainly does not apply to the one just narrated, where no such cause existed, and where the only morbid influences at work, were those described. Nor did her constitutional condition afford any decided corroboration to the doctrine, for she was rather of a frail than of a robust habit of body. It is a remarkable fact, that the later periods of womanhood appear to be most liable to Menstruatio Recidiva. Of Dr. Mehliss' cases—1 occurred between 50 and 60, 7 between 70 and 80, 1 between 90 and 100, and 1 after 100. It does not appear that any relationship has yet been traced between the menstruations of earlier and of later life. Mrs. G.

was always "regular" before their first cessation, except during gestation and lactation, and in none of the other instances, is any mention made of primary irregularity. In conclusion, it may be remarked, that this subject has an important bearing on the theory of menstruation, and so far has escaped the attention of writers. If, as has been contended, this function be dependent upon the monthly escape of an ovum, we can scarcely understand its re-establishment in the aged, under any other assumption than the re-development of graffian vesicles and re-maturation of ova; but this would imply the possibility of renewed fertility, which is altogether discountenanced by the cases recorded, wherein, as in that last described, there was no opposing circumstance to the evolution of such a property, had it been enjoyed.

ART. XXXIV.—*Remarks on Intermittent Fever.* By GEORGE NIEMIER M.D., New Hamburgh.

In reference to Professor Crawford's communication Art XXX, "*a case of intermittent fever with temporary hemiplegia,*" I am inclined to think that this was a complication of intermittent fever with some of the symptoms of lead poisoning. The irregularity in the time, the nervous agitation, somewhat resembling chorea (tremor artuum), the delirium, and lastly the hemiplegia of the right arm and leg, should all those symptoms, occurring in a person, whose occupation is that of a HOUSE PAINTER, not almost lead to the supposition of lead poisoning? I should be happy, if this my humble opinion meets favourably with the views of Professor Crawford, and have the honour to ask the professor, through the columns of this Journal, if he thinks this, my supposition, a correct one or not?

Last summer I had a rather strange case of intermittent fever to attend, which I will give as short as possible. I was called to a young woman about 18 years old, who had moved here a few weeks ago from Montreal. Her mother, who had never seen intermittent fever before, told me, that on two successive days, commencing each day at about 10 o'clock, she had had violent fits, shivering over her whole body for about half an hour, and then high fever perspiration for some hours. From the location of the house, close to the bank of a creek, then almost dry, and the prevalence of fever at that time, I supposed it to be intermittent fever, and the fits to be the shake. I saw her in the afternoon at about 4 o'clock, when she was rather weak after the attack, but without fever; she felt pains in the pit of the stomach, with inclination to throw up, but

no actual vomiting. I gave her an emetic, which brought up considerable gall, and ordered six grains of calomel in a table-spoon-full of castor-oil at bed time. I have now to remark, that I generally give, after the bowels are emptied either by an emetic or physic, about 3 or 4 hours before the expected paroxysm, one large dose of sulphate of quinin, from 10 to 20 grains, dissolved in some water, acidulated with lemonjuice, and sweetened, and I have had almost always the satisfaction of cutting short the disease without any evil consequences. I gave my patient in the morning at 7 o'clock about 10 grains of quinin, prepared in this manner, was called out a short time afterwards to see a person 15 miles distant, and did not return until early next morning. A messenger was already waiting for me, to tell me that the young lady, after having taken the medicine two hours, had been lying insensible and so soundly asleep, that all efforts to rouse her out of her sleep had been unsuccessful. I immediately went to see her, and found her laying sound asleep, I shouted aloud into her ear, sprinkled her face with ice cold water, &c. &c., she did not even open her eyes; respiration and pulse quite normal. My resolution was to wait 24 hours from the time she had taken the quinin; I was sitting before the bed in anxious expectation, and, strange to say, hardly a minute had elapsed after 7 o'clock, when she rose yawning, got out of the bed, and wanted to eat. She had no other attack, and felt perfectly well afterwards. From the statements of the mother, I took her to be of a very hysterical disposition, but I am yet doubtful at present whether this state of catalepsy was the effect of the quinin or not.

[We give insertion to the above queries, although we think most of our readers will understand the rare and interesting case alluded to, as we do, and accept the interpretation the author has afforded. We conceive the hemiplegic attack to be fairly attributable to the peculiar state of the cerebro-spinal system, (whether congestion or other obscure condition,) consequent on the febrile action. It does not appear that the patient had any previous illness, or ever was affected by any of the ordinary symptoms of poisoning by lead, (or "painter's colic,") which we are assured would not have been overlooked, had such been the case. We conceive that the *legitimate palsy* of workers in lead, never shows itself by a sudden attack of hemiplegia, nor is it ever ushered in by acute fever. The palsy is usually confined to the upper extremities, is slow, and gradual in its progress, and equally tedious in its recovery; there is great wasting of the muscles, especially those of the thumbs, and the paralysis chiefly affects the extensors and wrists. It is preceded, and often accompanied, by manifest indications of dyspepsia, bowel derangement,

and generally obstinate constipation, and the "*dry belly ache*," and is thereby easily diagnosed from the temporary intermittent hemiplegia. The occasional and momentary paralysis of the organs of speech in this case is no uncommon occurrence from nervous agitation in cases of debility. A case resembling the one alluded to is noticed by Dr. Elliotson, which he terms "intermittent hemiplegia," the only one he has met. He deems it a form of ague. The paroxysms were of the tertian or quartan type; the patient had been exposed to malaria in the East and West Indies and Batavia, where he had, on two occasions, fever. The case was treated as *ague* by quinine. Morgagni, Sauvage, and Cullen recognize a paralysis intermittens.—Eds. Med. Ch.]

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXIV.—*Practical Observations on Mental and Nervous Disorders.* By Alfred Beaumont Maddock, M.D., formerly Resident Physician and Proprietor of the Lunatic Asylum, West Malling, Kent; Author of a Treatise on Diseases of the Chest, &c. &c. Pp. 236 London: Simpkin, Marshall & Co., Stationer's Hall Court.

The intimate relations which exist between mind and matter are now all but universally admitted. Still, however, one cannot speak explicitly of the actual amount of knowledge which science affords of the independent existence of spirit without laying himself open to the charge of materialism. There is an earnest but mistaken class of men that would bend all things, and go all lengths, to substantiate what they believe to be vital truths. Such do infinitely more harm than good to any cause with which they may identify themselves. No matter how candid a scientific physiologist may be in the expression of his belief in the essential immateriality of the soul, if he dare to say, as say he must, that physiology teaches nothing of the sort, but its facts are rather ranged in opposition to the idea of mind existing as an entity in entire independance of organized matter, he is immediately assigned a place by those persons, in the ranks of infidelity. He may emphaticaly declare his assent to the Divine origin of the scriptural writings, and the unquestioning confidence with which their teachings ought to be received—he may assert his belief in this dogma of a disassociated existence as a sublime doctrine of holy writ, and not as a fact demonstrable or to be come at by physiological knowledge or investigation, still will he be

stigmatized as a person holding opinions dangerous to morals and society. "Your physiology," say these charitable know nothings, "*ought* to teach you differently; if it does not, you have no right to express such opinions."

Whatever view may be taken, transcendentally, on this subject, there is not the slightest doubt but that diseased conditions of the body, react with varying degrees of intensity on the mental processes. In the words of the quotation from Shakespeare, which Dr. Maddock places as a motto on his title page:—"The body and mind are like a jerkin and a jerkin's lining—rumple the one and you rumple the other." We need only reflect on the extensive ramifications of the nervous system, and the important part which it takes in all the vital actions—its subservence at once to the higher mental operations, and to what we regard as the simplest and least important of the functions performed by the economy, to understand the workings of the laws of sympathy, and why man's nobler part should be so much influenced and directed by deviations from the physiological condition of the meaner organs, those which are employed in the building up and sustentation of his physique. The most distant part of the periphery is united by nervous mediation with the cerebrum, the admitted organ of the mind and seat of reason. Strange as it may appear, nevertheless, daily experience proves its truth, our feelings of pleasure or pain, happiness or misery, contentment or dissatisfaction, affection or hatred, &c., depend, in a measure upon the healthy performance of the functions of the digestive organs. It was a remark of Dr. Samuel Johnson's, and few that have felt the pain he refers to, will be inclined to disagree with him; "that a sudden pang of the tooth ache would render a man utterly indifferent to the most sublime strains of poetry, put to flight the most subtle train of metaphysical reasoning, and cause him to turn away from the most beautiful spectacle." Mental disorders arising from visceral obstructions or defective secretion, may exist without arresting medical attention, or even exciting the anxiety of friends. This subject has been explicitly and beautifully pourtrayed by Dr. Forbes Winslow. These affections are generally insiduous in their character; of slow and almost imperceptible growth, originating important changes in the delicate and highly organized vesiculo-nervous matter of the brain, and giving rise to morbid alterations in the manifestations of the passions and affections. The patient, whose diseased condition of mind is not appreciated, may exhibit great cruelty, and commit acts of brutality towards those who have the strongest claims upon his love, kindness and forbearance. The naturally gentle, truthful, retiring and self-denying, become quarrelsome, cunning, and selfish; the diffident become bold; the modest obscene; piety degenerates into hypo-

crisy, or is exalted into fanaticism. In these pseudo-anomalous pathological conditions of the mind, what are termed the reasoning and reflective faculties remain intact: consequently the actual state of those disordered moral manifestations is not suspected, even by their most intimate associates, until the affection becomes strikingly apparent by the commission of some overt act of insanity, (p. 50.) The reasoning and reflective faculties, however, do not always escape; for, as Dr. Maddock shows, in the illustrative cases which he has published, aberration of intellect may occur as the result of disordered functions of the digestive, urinary or reproductive organs. Dr. M. very justly enforces the necessity, in cases of mental alienation, of judicious treatment being directed to re-establish the healthy condition of those organs which may appear to be acting irregularly. We have read Dr. Maddock's work with pleasure. The style is good, and the matter practical and instructive.

XXXV.—*A Practical Treatise on Foreign Bodies in the Air Passages.* By S. D. Gross M.D., Professor of Surgery in the University of Louisville; Member of the American Philosophical Society; Author of "Elements of Pathological Anatomy;" A Treatise on the diseases of the Urinary Organs, &c. &c. with Illustrations. Philadelphia: Blanchard & Lea; Montreal; B. Dawson. Pp. 468. 13s. 9d.

Dr. Gross has, at a vast amount of trouble, collected together upwards of two hundred cases of foreign bodies in the larynx. He gives an abstract of each case, and treats fully of the immediate effects produced by the entrance of foreign bodies into the air passages, the pathological effects resulting therefrom, the symptoms produced by their presence, the diagnosis and the Medical and Surgical treatment to be adopted. We consider this work one of the most important of the recent additions to Practical Surgery. Containing, as it does, all that has been recorded relating to the class of accidents of which it treats, admirably arranged and systematized, it should find a place in every Medical library.

XXXVI.—*Ectroplasty or Anaplasty applied to the Treatment of old Ulcers*; a reply to Dr. Watson's Reclamation. By Frank H. Hamilton, A.M., M.D., Professor of Surgery in the Medical De-

partment of the University of Buffalo. Pp. 19. 1855. From the Author.

In this pamphlet, Dr. Hamilton endeavors to establish his right to the priority of discovery of the operation of anaplasty, of which Dr. Watson would wish to deprive him. We have not seen "the reclamation" of the latter, and as we always desire to hear both sides of a question, before pronouncing judgement upon it; we can as yet have no opinion on the matter. The real merit, however—be it due to who it may—is of a very slender kind—anaplasty being merely an application of the taliacotian operation. In Hudibras we read that lost noses may be restored from the "postique parts" of burly porters, and in Hamilton we find that an old ulcer may take to itself the skin of a healthy leg.

CLINICAL LECTURE.

On Gonorrhœal and Syphilitic Rheumatism. By George Budd, M.D., F.R.S., Physician to King's College Hospital.—One of Dr. Budd's latest clinical lectures entered at some length into the subject of "Syphilitic Rheumatism and Gonorrhœal Rheumatism," two diseases often met in practice, and not unfrequently confounded.

"Syphilitic rheumatism is a very frequent disease," said Dr. Budd, "and not only frequent, but lingering, slow, and tedious, with pains at night not to be mistaken; sleeplessness and general derangement of the system. Two, or even three or more years may elapse, as you are aware, from the first primary sore or syphilitic ulcer, till the invasion of this disease; we generally knew it as syphilitic periostitis; in the generality of cases no doubt it arises in this form, and is attended with syphilitic eruptions and other symptoms, secondary or tertiary—I do not intend, of course, to speak of syphilis now, but of this syphilitic rheumatism, as we meet it in so many shapes upstairs in the hospital. You will generally know it by this, that the pains are worse at night; so much so, indeed, as to prevent sleep for weeks and months together; the bones are affected, not the joints; and those bones, it is curious, which are most exposed—the lower end of the femur, the crests of the ilium, the ulna, the collar bone, the shin bone—you are no doubt familiar with these facts. But how does this pain come on? Now it is, most commonly, not like rheumatism, it is rather inflammation of the periosteum of the bone with effusion under this membrane; sometimes it is rather extensive and "pits" on pressure. A layer of lymph, probably, is deposited between the periosteum and bone; if it be treated speedily, all this matter may become absorbed; if allowed to go on, as is frequently the case, the lymph becomes ossified, and we have what you see so frequently in our out-door

dispensary patients, "Nodes," originating in this kind of inflammation; first coagulable lymph, which becomes organized into bone in the same manner I think, as bones unite when broken; the lymph entangled between the periosteum and the bone influencing the system almost as if fracture had occurred. Nodes, or bony swellings, do not always form, as some of the matter is absorbed. A node as large as a walnut is a large node—the bone itself may become inflamed. A case in King's College Hospital for instance, looked on as cancer of the bone, out of doors, I pronounced to be this form of syphilitic rheumatism; it was, in fact, inflammation of the bone and effusion of matter bound down by periosteum, sometimes ulceration follows in the periosteum, a very unpleasant occurrence, bits of dead bone come away, more especially in the flat bones of the skull, the bones of the nose, &c.; they are now, happily, not so frequent as they used to be.

In private practice, last year, I met a case of this kind, periostitis of the bones of the head; there was a large, ugly ulcer. I got Mr. Partridge to see the case too, who removed a piece of dead bone; we could see the pulsations of the brain underneath. The poor gentleman got albuminous urine, erysipelas, and died. This exfoliation is more common in the flat bones—nodes more common on the tibia. A very great point is to seize the nature of the case early. Necrosis of the bones of the nose takes place; the palate bones are also lost. I remember, a few years ago, the hideous and horrid spectacles one saw walking about in London, and at hospitals. The disease is now not so common. Disease of the palate, you should recollect, is now very curable: at the time I speak of it was all but incurable. It begins as ulceration of the mucous membrane of the mouth, which, if not cured, may lay bare these bones. We saw a woman from Richmond here lately—a case in point, necrosis of the bones of the nose. We detected these ulcers and cured them. Remember, then, this disease is in the bones and mucous membranes; rheumatism is more common in the ligaments and joints. Syphilitic inflammation may affect the ligaments of the knee. You will find another useful diagnostic in the fact that there is no fever. The disease is chronic, of indefinite duration, and attended with a previous history of other secondary symptoms not to be mistaken. Forty or fifty years ago there wer no possible means for curing this disease; a hundred persons to one now were walking about town with the bridge of the nose gone. I believe one of the greatest practical discoveries of this century was that of iodide of potassium as a cure for this disease. We are indebted for it to the late Dr. Williams, who lived near Guy's Hospital. I often met him, and he said he had set himself out to discover some specific for two diseases then thought incurable; one was consumption, the other was a disease of the bones of the nose from syphilis. Every new remedy, as it came out, he tried, and amongst others lighted on idoide of potassium. Poor Dr. Williams! I believe if ever a man deserved a pension or a peerage for doing a grand thing, and benefiting humanity, he did; but peerages or decorations are not much in the direction of medical discoveries. He not only did not get either, but did not get any practice, and is now forgotten. "Iodide of potassium" is as much a specific in these syphilitic rheumatism cases and diseased bones and nodes, as mercury in the primary Hunterian sore. Give small doses—two grains—of the iodide twice a

day, to begin with; when you have given an overdose, you will find pain over the eyebrows, sneezing, papular eruption on the skin, a taste of iodine in the mouth. These results are, however, very uncertain, and one grain sometimes will be found to affect a particular patient as much as ten grains will affect another individual.

I think you cannot be too particular in your mode of giving iodide of potassium; it is a very important point, for instance to give it while fasting, as it is decomposed by the hydrochloric acid of the gastric juice in digestion, setting free pure iodine; now remember it is not iodine cures, nor has iodine, perhaps, any effect as iodine; it is the salt iodide of potassium (as phosphate of lime enters into bones not phosphorus), nay, I would always give iodide of potassium with free soda to counteract this acidity of the stomach; if thus carefully given, these pains of syphilitic rheumatism soon begin to give way; you may stop it for a while, and at intervals renew it; if ulceration should have set in, more particularly with necrosis, sarsaparilla is a good medicine. Cod-liver oil, also, you will find a most valuable remedy, more especially if there be—as there often is—a tendency to phthisis: we have seen two cases of this nature lately, the poor woman A. H., and the Italian Professor of Languages. You are familiar with these cases, and will recollect the value of the medicines as now indicated.

We next come to speak of gonnorrhœal rheumatism, a very troublesome affection also, as I found at one time in the Dreadnaught Hospitalship, near Greenwich. There are two or three of these, so to call them, "secondary symptoms, appertaining to gonorrhœa; gonorrhœa swelled testicle, gonorrhœal ophthalmia, and, occasionally, this gonorrhœal rheumatism; this disease is very peculiar; we will find, perhaps, that there is but a single joint affected; the ankle or the knee possibly; we will find the inflammation to be painful in the highest degree; effusion very great; constitutional disturbance most obstinate, particularly at changes of weather; the joint affected has a gummy, or doughy feel; quite specific. Now this is a most intractable disease; it is, perhaps, rather more like gout than rheumatism, but the remedies for gout will not cure it with the same facility; the best mode of treatment I have found, is to blister the joint, or rather above the joint; afterwards, paint with iodine, and give internally the nitrate of potash, and alkalis.—*Medical Circular.*

THERAPEUTICAL RECORD.

Anasarca.—The flowers of the common broom, *spartium scoparia*, recommended by Rayer in albuminous nephritis, has been successfully used by Dr. Garcia T. Alvarez, and reported in *El Siglo Medico* for February 1854. In a man of 40, a severe attack of general anasarca, consequent upon this disease, was cured by the employment of an infusion of

the flowers of scoparia until the urine gave no longer an albuminous reaction.

Cardiac Dropsy.—We remark in a late number of the Medical *Times* and *Gazette* a revival of the suggestions of Dr. Thémont many years ago as to the diuretic virtues of the common oat. Recent observations have verified these statements, and there can be no doubt that the decoction of oats does possess diuretic properties. The mode of preparation is to take two handsful of common oats and boil them in a quart of water for a quarter of an hour. Of the strained decoction a cup-full should be frequently given as an ordinary drink. Its simplicity and freedom from injurious consequences recommend it to the attention of the profession.

Chronic Rheumatism.—We remark amongst a number of reports sent in to the East India Medical board, that Dr. Foulis, of Mangalore, gives very favorable results from the use of the fish liver fat as an unguent in chronic rheumatism. Well rubbed in, night and morning, it had the effect of relieving pain and reducing swelling. Dr. Foulis adds: "In cases of atrophia, diabetes and scrofula, fish liver oil has been largely given, and attended with an amount of benefit truly surprising."

Diarrhœa in Phthisis.—There are often cases of consumption, in which we find irritability of stomach and bowels, inability to retain proper sustaining diet, and obstinate tendency to diarrhœa, to be the most troublesome symptoms met with in the management of that said disease. As a nourishing article of diet, and one which might be used as a substitute to the cod liver oil, which the stomach under such circumstances always rejects, we would propose the emulsion of mutton suet in milk, and flavored with cinnamon. Fresh suet should be chopped fine, put into a bag and gently simmered for a few minutes in the milk, after which a quantity of cinnamon should be grated in. This preparation is always relished by the patient, and the bland and slightly aromatic mixture will oftentimes relieve the irritability, both of stomach and bowels, and add much to the general well being of the patient.

Fistula Ani.—An ingenious method of diagnosing in this affection is given by M. Limange, in the *Arch. Belges Méd. Mil.* When the intestinal orifice cannot be ascertained by the ordinary methods of investigation, he suggests that a small quantity of the compound tincture of iodine should be injected through the external aperture of the fistula, while the finger of the operator is retained in the rectum. A permanent stain will thus be produced on the skin of the finger, by which the existence of an internal orifice is proven, and also a very correct idea is afforded of its situation and its distance from the outlet of the bowel.

Ichthyosis.—Professor Hebra, of Vienna, reports in the *Zeitsch. der Gellsch. der Aertre zu Vein*, two cases of ichthyosis, occurring in boys who had laboured under the disease from infancy. Rubbing with *sapo viridis*, and the use of woolen clothing removed the affection.

Local Hemorrhages.—Dr. Bayer, of the Brighton Dispensary, proposes a new form of astringent application, which is worthy of attention on account of its elegance and convenience. We obtain our information from the Association Medical Journal. Dr. Bayer states that pure glyce-

rine will dissolve nearly its own weight of tannin, and forms a very powerful local astringent application, the strength of which may easily be graduated, as it is readily miscible in water. The solution of tannin in glycerine is peculiarly applicable to many disorders of the mucous membrane, as it readily combines with the mucus, and forms a non-evaporisable coating over the membrane. It forms a most convenient application to the vaginal, uterine, rectal or urethral membrane where a strong and non-irritant astringent lotion is desired.

Orchitis.—In the *Journal de Bordeaux*, for March 1854, three cases of orchitis are reported by Prof. Costes, treated successfully by the application of collodion. A mixture was made of twenty parts of collodion to six of castor oil, which was rubbed over the scrotum and was followed by disappearance of both swelling and pain.

M. Velpeau, in the *Gazette des Hopitaux*. recommends the use of collodion in a somewhat analogous pathological condition. He states that in the engorgement of the testicle, following on the injection of the tunica vaginalis for hydrocele, he has lately been using the collodion as a remedy. Four or five patients at La Charité were treated in this way, and the duration of the inflammatory engorgement was sensibly lessened.

Scrofulous Intolerance of Light.—The use of coniin in the more inflammatory blepharospasn of scrofulous children is suggested by Prof. Mauthner, in the *Journ. f Kinderkr.* prepared by the following method. The coniin is to be mixed with the oil of sweet almonds, in the proportion of half a grain to one drachm. A thick fluid is formed, with which the lids may be daily pencilled. In eight or ten days this troublesome condition ceases. Hard glandular swellings of the neck bear this application better than salves composed of iodine.

PERISCOPE.

Removal of a portion of the Left Lung.—By T. B. Hale, M.D.—Dear Doctor,—The following has been communicated to me by my friend, Dr. Hale, of Minersville, Pa. Believing it to be unique, I am desirous of giving it to the profession through the pages of your valuable journal. The removed portion of lung is now in my possession. It is pyriform in shape, somewhat flattened, and measures about 6 inches long, 2½ inches in diameter at the largest end, and 1 inch in diameter where it was cut across. It appears quite destitute of blood, except near the small end, where the capillaries appear quite full. The specimen is somewhat contracted in size from the action of the alcohol in which it is preserved.

Very respectfully,

Port Carbon, Dec. 21, 1854. J. H. Whythes, M.D.

C. D., an Irishman, aged 25 years, rather small in stature, but stoutly built, with a well developed chest, being engaged in a fight while intox-

icated, received a stab in the left side, parallel with the ribs. The wound was about 1¼ inch long, and appeared to have been made with a sharp, clean-cutting instrument. About fourteen hours after the injury he was visited by Dr. Hale, who found, upon examination, a portion of the left lung protruding from the thorax. He was sitting up in bed, having the protruded portion supported by a broad bandage. He complained of no pain, and had suffered but little from loss of blood There was no cough or difficulty of breathing, but on taking a full inspiration the protruded lung became filled with air, and drops of venous blood oozed from its substance. The protrusion was so tightly strangulated at the wound in the thorax that after an hour and a half spent in unsuccessful efforts to restore it, Dr. Hale made a cautious attempt to enlarge the wound in the interosseous space. Fearing, however, the effect of a large opening into the cavity of the pleura, he was induced to desist, and consider the propriety of excision. As the protrusion looked extremely unhealthy, from the length of time since the accident and the efforts made to reduce it, making gangrene not an improbable result, excision seemed to be the only resource. Dr. H. contemplated applying a ligature at the base of the protruded lung, but on making two experimental incisions into its substance, and no blood flowing, this was not judged necessary, but the mass was at once excised, and the remaining portion pushed back through the wound in the interosseous space, the orifice of which was then closed with two stitches and strips of adhesive plaster. The patient was then directed to lie quietly on his back, and a mixture of two parts syr. prun. virgin., and one part syr. opii prescribed; a tablespoonful to be given every two hours for the purpose of allaying irritation in the bronchial tubes. On the second day, Dr. Hale found him in a favorable condition, and on the sixth day he walked five miles to visit his physician, suffering in no manner from the loss of the portion of lung. For the last three months he has labored constantly in the coal mines, without inconvenience.

The speedy recovery of the patient appears to have been due to adhesive inflammation between the adjacent walls of the pleura, through the wound in which the protruded lung was strangulated. In all probability the pulmonary and costal pleura and the substance of the lung are all connected in the same cicatrix.—(*Medical Examiner.*)

Remarks on the Nature and Causes of Green Vomiting, and on Allied Pathological Changes.—Dr. Frazer cites a few cases in which green vomiting was present; it is unnecessary, however, to quote them as every practitioner is acquainted with the symptom. He remarks:

"This list of cases, in which I have noticed and examined green discharges from the stomach might be greatly extented, yet, perhaps, without tending to any useful results, the above being quite sufficient to serve as examples of it, and the evacuation itself is so commonly met with in practice, that it must be familiar to every one. That the striking green colour is not due to the presence of bile will, I think, be readily allowed, still it is better to offer some proofs on this point; and first I would

proper hue being a peculiar brownish yellow tinge, similar to the well remark that the appearance of bile is very different from the peculiar grassy or verdigris tint of the evacuation at present under our notice, its known discoloration of the skin in jaundice, or when it is concentrated what painters term bistre. It is true that a green biliary matter is described in works on animal chemistry or physiology, termed by its discoverer Berzelius, biliverdin, still this is evidently not the natural bile, but a product of its metamorphosis out of the body, under the action of chemical re-agents. Secondly, we have the fact that, in some instances, the presence of the bile can be easily perceived, dissolved in the same fluid that contains the green matter; and again, the occasional absence of any bile, either as it can be recognized by the taste or with the tests of chemistry, brings us to the conclusion that they are not identical in their nature.

"I consider this green matter is composed of the blood in an altered and modified condition, the discharge being altogether of a hæmorrhagic character. Repeated microscopic observations, in those instances in which I have noticed its occurrence for some time past, has confirmed my ideas regarding its nature, and examination shows that the little fragments of which it consists are various sized clots, containing abundance of blood globules. This alone might decide the inquiry; however, I am desirous of placing it on other grounds, in addition to such as are afforded by the microscope. I may therefore, bring forward the following arguments which further support the view I have taken. 1st. The form of vomiting alluded to occurs in disease where there is much congestion, and often inflammatory engorgement of the vessels of the stomach or intestines, as in gastritis, and fevers with gastric complications: and after death we find patches of softening in the mucous membrane, or decided marks of excessive vascularity; at least such has been the case in those fatal instances where I have had the opportunity of inspecting the stomach. 2ndly. The coincidence of vomiting of ordinary blood, in addition to the green matter, which sometimes occurs, and as was noticed, for example, in the case of the woman with enlarged spleen already alluded to; besides, I have remarked, that in many cases of fever which were attended with this peculiar green discharge, hæmorrhagic purpuric eruptions were frequently seen. 3rdly. We have the physical properties of this substance; it forms small green clots in the fluid, in addition to tinging it with its peculiar hue, as we might expect blood to do. 4thly. We must consider that a similar green colour occurs in various parts of the body, and under very dissimilar circumstances. This is, perhaps, the most interesting branch of our subject, and one on which medical records afford little information; as instances of this change we have, among other examples,

"The peculiar green hue of contusions that are of some standing, and the green colour of the ecchymoses that occur on the extremities in land scurvy, many cases of which were noticed in the hospitals in the late years of famine.

"The colour of the great intestine in various cases of fatal dysentery, and of the mucous tissue of the stomach in inflammatory gastric affections.

"The grass green appearance of the interior of the bladder, and of the kidneys after death, in many acute or sub-acute diseases.

"The well-known greenish tinge often seen in moist gangrenous affections.

"The colour of the body as it begins to decay after death.

"The green hue of coagulable lymph and of purulent exudations in bad constitutions and many other similar facts in pathology that might be enumerated, which are as yet unexplained.

"If we reject all extraneous considerations from the foregoing class of morbid changes, we have, I conceive, one uniform fact in them all, namely, the presence of blood undergoing some of its mysterious changes; what these are will require additional investigation; but I think we may conclude, that the death of the blood is essential—that having lost that vital attraction for oxygen which distinguishes it, and acted on by extraneous sources (probably deoxodizing once during decay), it becomes changed in its hue.

"With regard to its practical bearings there is much importance in the view now brought forward; it cannot be regarded as a mere theoretic matter, and, therefore, of secondary value, for those green discharges being recognised as hæmorrhagic, will go far to account for the collapse, cold extremities, failing circulation, and other alarming symptoms that attend its presence when ejected in any quantity; and with reference to *treatment*, which is the ultimate aim of medical knowledge, we have a rational explanation of the benefit that creasote, ice, and other well-known styptics exert in checking it.

"In concluding for the present this brief notice of a most interesting point in pathology and practical medicine, I may state, that I hope before long to be enabled to detail still further facts bearing on the subject.—*Dublin Hospital Gazette.*

To prevent Night-sweats in Phthisis.—Night-perspirations in the course of phthisis are often extremely annoying to the patient; they appear, also, to be simply debilitating, and unattended by any degree of collateral benefit. Some cases which were carefully noted by Mr. Hutchinson, the clinical assisant at the City Hospital for chest diseases, with a view to the determination of that question, appeared to show that they may be artificially checked, not only with impunity, but with great benefit. The patients who were so treated, and who, in the course of a week or a fortnight, got quite rid of sweatings, which for months had been profuse, thought themselves much better, and did not complain of increase, either as regards the expectoration, the feverishness, or the sense of stuffing in the chest.—Under the usual treatment of phthisis (full diet, cod liver oil, and tonics), the tendency to night-perspirations often ceases spontaneously. If it becomes desirable to expedite the process, it may be done by the sesquichloride of iron, the mineral acids, or, best of all, by the gallic acid. The following is the prescription for a night draught containing the latter:—℞. Acidi gallici., gr. vij.; Morph. acet. gr. $\frac{1}{8}$; Alcohol, q. s. (a few drops); Syr. tolutan., ℥ss; Aquæ, ℥ j. The night-pill, as we find in the Pharmacopœia of the Brompton Hospital for consumption, is—℞. Acid. gallic., gr. v.; Morph. hydrochl., gr. $\frac{1}{8}$; Mist. acac., q. s. Ft. pil. ij.

It is also of advantage to adopt an astringent regimen as far as convenient. The patient should be directed to sleep on a mattress, alone, and not heavily clothed; he should wear no flannel in bed; as dry a diet should be taken as conveniently can be borne, and fluid should be especially avoided in the latter half of the day, none whatever being allowed later than several hours before bed-time.—*London Med. Times.*

Treatment of Inveterate Gonorrhœa and Gleet.—(Abstract of a paper of Dr. Milton, in Medical Times and Gazette.) He divided the disease, for the sake of explaining his views, into four classes: I, Neglected gonorrhœa, in which a cure is generally effected by mild aperients and injections; 2, Inveterate gonorrhœa, in which there are severe symptoms, as great pain and chordee, a free purulent discharge; 3, Muco-purulent, long-standing, slight discharges often the sign of stricture; 4, Mild chronic gonorrhœa, owing to some peculiar disposition in the urethra, not curable either by ordinary treatment or blisters. Only three of these cases were met with; one was cured by caustic; 5, Pure mucous gleet; *a*, from the urethra, was rather rare; it was unaffected by remedies. Various astringent injections were tried without success, green tea among the number; *b*, prostatic and vesical gleet were passed over. Mr. Milton totally disbelieved in the influence of diathesis, and he could not trace the peculiarity of these discharges remaining uncured to the habits of the patient; he thought it resulted from an inborn infirmity of the secreting apparatus of the urethra, where alone inflammation could go on for years without producing structural change. Every case was essentially curable; and, if uncomplicated, curable by blistering. In twenty-one cases, blistering had effected a perfect cure; in nineteen of these all other treatment had failed; one relapsed from fresh infection; one lived at a distance, and, when last seen, was cured, but could not be traced. In seven of these, the disease had lasted from one to six years and a half. Mr. Hall, of Leeds, and Mr. Acton, had tried the plan with success. There were ten cases in which blistering had failed; in seven of them (further examination by bougie or otherwise being only submitted to in some cases after failure of blisters), stricture or abscess of the perinæum was detected either then or afterwards. One of the remaining three was cured by the application of the caustic; one left uncured, but relieved; one was pure mucous urethral gleet, which like all such cases, was unaffected by any remedies.

On the proper Position of Woman during Labor.—By M. Morton Dawler, M. D.—Does the dorsal *decubitus*, which is usual in France, or the left side position, which is preferred in England; or, the pronation of the body supported on the knees and elbows of the patient, involve merely a question of habit, an affair of fashion or of national manners? Does not each of these attitudes, on the contrary, fulfill a real indication? M. Hubert thinks it does, and very well demonstrates his position.

According to him, in order to operate in a case of version, if the child,

with shoulder presenting, has the belly turned backward, it is better to leave the woman on her back. The operation can be effected with greater facility. But, if the fœtus has the belly turned forward, and its pelvic members are placed against the anterior parietes of the uterus, then, allowing the woman to rest on her back, the accoucheur can only reach the feet by carrying the hand in the prone position, and strongly forward; or, if the *liquor amnii* has escaped, and especially if the belly be projecting, the arch of the pubis compressing the fore arm, would soon cause it to be benumbed, and render it unable to act, and would prevent it from penetrating as far forward as is sometimes necessary.

On the contrary, if you place the woman on her elbows and knees, and apply the hand in a state of supination, you have but to follow the anterior parietes of the uterus and pelvis in a line almost straight and horizontal from behind, forward, which is done with the greatest facility. But this position, besides wounding the modesty of woman, being tiresome to maintain, the following is the method by which M. Hubert succeeded in realizing all its advantages, without subjecting the patient to these inconveniences. He allows the woman to remain on her back till the right hand has cleared the cervix uteri; he then flexes the right thigh and leg of the patient, and then, while she turns or some assistant turns her on her left flank, he passes the flexed limb above his right arm, and he is thus placed opposite the patient's back. He can then attain the antero-lateral left, and even the anterior parietes of the womb, in order to find the feet. Having brought them to the vulva, he places the woman on her back.

By this ingenious proceeding, M. Hubert draws from the pronated attitude of the body, in delivery, all the advantages of which it is capable of rendering, without imposing it on the patient. He cites numerous cases, thanks to the advantages of manœuvre, which many of his confréres, who not being otherwise able to touch the feet of the fœtus, have been able easily to reach them when the hand, secouded by this change of position, has been enabled to penetrate further forward.

To complete the delivery, if the power of traction is lost by the resistance resulting from the anterior parietes of the cervix, and the placenta cannot be with facility drawn forth, the woman must be laid on one of her sides, and the accoucher standing behind her, must simply draw towards himself. If there be no abnormal adherence, these tractions, being very near parallel to the axis of the uterus and that of the superior strait, the delivery will be easily effected.—*New Orleans Med. and Sur. Jour.*

Hot Hop Bath in Traumatic Tetanus.—Dr. James M. Minor of Brooklyn, N. Y., reports a case of acute traumatic tetanus successfully treated by local cauterization, followed by anodyne poultices, opium and quinine, chloroform inhalations and liniment, &c. In addition to these remedies, the patient was several times placed in a hot bath in which two wash-basins of hops were infused. The bath tub was covered, (except a small space over the face,) with a counterpane or blanket, causing the patient to breathe as much of the vapor as possible. Great relief was always

obtained from the use of this remedy. Dr. Minor remarks, "*The hot hop bath I consider to have been more immediate and striking in its remedial operation, than any of the other remedies used.* I should be most happy if this paper may induce others to resort to it in similar cases in order that its efficiency may be tested more fully. My experience of its effects in this case and also in several cases of *mania a potu* has caused me to place a very high value upon it in all cases of nervous irritation. Upon opium in the large and frequently repeated doses above detailed, I place great reliance, and cannot but look upon as the most potent and valuable of all drugs used in this disease. Brandy and the most nutritious diet doubtless played an important part and materially aided in the final result.—*New York Medical Times.*

Singular Case of Amputation by Means of a Finger Ring. From the Boston Medical and Surgical Journal.—The following curious accident shows that the wearing of finger rings, "the history and poetry" of which has lately occupied the public attention, is not under all circumstances unattended by danger.

I was awakened at about 3 o'clock, a few mornings since, by a young man who said that he had lost off the little finger of his right hand. The account given was as follows:—Being a clerk in the post office, he was busy in assorting the mails. Having occasion to reach up to a high box or shelf, he stood upon a stool, and in the act of stepping down to the floor, a thin plain gold ring, upon the little finger of his right hand, caught in a sharp projecting hook used for the purpose of attaching mail bags. Being thus for a moment suspended, as it were, by the ring, it cut its way, or, as the patient expressed it, *whittled* through the integuments of the finger, and finally separated the member of the last joint, the severed portion falling upon the floor, while the ring remained suspended upon the hook. A fellow clerk immediately picking it up, very nicely adjusted it, and bound round a handkerchief. About twenty minutes elapsed before I saw the patient. There having been no hemorrhage of consequence, and finding the parts in good apposition, I was desirous of seeing what nature might effect. Accordingly I merely applied strips of adhesive plaster, and bandaged. The next day, I found the patient very comfortable, having suffered little or no pain. Still giving him the benefit of a doubt, I concluded not to interfere with the dressings. Two days after the accident, however, I ventured to take a glance at the parts, and found the finger, as might have been expected, perfectly dead. Amputation was immediately performed, with the assistance of Dr. Minot, in the continuity of the first phalanx.

On examination, I found that the ring had cut through the integuments upon the dorsal surface of the finger, commencing just below the second joint, laying bare the second phalanx throughout its entire circumference, and finally severing the last phalanx at the joint. Sufficient sound integument was obtained upon the palmar surface to form a good flap.

I wish, in this connection, to say a few words upon "the place of election" in amputation of the fingers, as regards the second and the meta-

carpal joint. So far as mere appearance goes, there is no question but that the amputation should be performed at the metacarpal joint, a small portion of the metacarpal bone being also removed. This proceeding does away with the unsightly appearance which the stump of a finger must always present. But if usefulness is to be taken into consideration, it will be found that even the smallest stump is of the greatest importance —as the breadth and strength of the hand is thereby preserved, a matter of no small account to the individual dependent upon manual labor.

D. D. SLADE.

A New Broth for the Sick.—By Professor JUSTUS LIEBER. (From Dublin Medical Press.) To prepare this broth, half a pound of the flesh of a recently killed animal, (beef, or the flesh of a fowl,) is chopped fine, and well mixed with a pound and an eighth of distilled water, to which four drops of pure muriatic acid, and from half to a drachm of common salt, have been added. After an hour, the whole is thrown on a common hair seive, and the fluid is allowed to run off without pressure. The first portion, which is turbid, is poured back, until the fluid runs off clear. On to the fleshy residue in the sieve half a pound of distilled water is thrown in small portions. In this way a pound of fluid (cold extract of meat) is obtained, of a red colour, and an agreeable taste of broth. The sick are allowed to drink a cupful, cold, at pleasure. It must not be heated, as it then becomes turpid, and deposits a thick coagulum of animal albumen and hematine.

The sickness of a young female servant, from typhus, in my house, gave occasion to this preparation. It was called forth by a remark of my medical attendant, that, in certain conditions of this disease, the greatest difficulty, which presented itself to the physician, lies in an imperfect digestion—a consequence of the condition of the intestines, and the difficulty of obtaining food suitable for digestion and the formation of blood. Generally, broth, prepared by boiling, is deficient in all those ingredients of meat which are necessary for the formation of the albumen of the blood, and the yolk of egg, which is added, is very poor in this substance, as it contains, on the whole, 82½ per cent. of water, and 17½ per cent. of egg-albumen, or a substance analogous to it, and whether this substance, in its nutritive qualities, is equal to the albumen of flesh, is, according to investigations of Magendie, at least, doubtful. Besides the flesh albumen, the new broth contains a certain quantity of hematine, and, therein, a large quantity of iron necessary for formation of blood corpuscles, and, lastly, the muriatic acid for digestion. A great hindrance to the employment of this broth, in summer, is its changeableness in hot weather. It undergoes fermentation, as sugar with yeast, without giving a disagreeable odour. What substance causes this change it is very desirable to ascertain. On that account, the flesh must be treated with very cold water in a cool place. Ice-water and cooling with ice removes this difficulty. But, above all things, care must be observed that the flesh is used fresh, and not several days old. In the hospitals of Munich, and in private practice, this broth has been employed with great advantage.—*Annalen der Chemie* and *Annals of Pharmacy.*

Infusum Calumbæ Concentratum.—To the Editor of the Pharmaceutical Journal.—Sir,—Although we do not consider the substitution of concentrated infusions justifiable in ordinary dispensing, the great use made of them by a portion of the profession renders the enquiry important; and after reading the remarks made at the December Pharmaceutical Meeting, with reference to infusum calumbæ concentratum, we have much pleasure in submitting our method of preparing it for the consideration of those who are interesting themselves in the matter, having for some time made this infusion, as it appeared to us, with more satisfactory results, in comparison with the freshly prepared than any other, rhubarb excepted.

Calumba root contains (according to M. Planché) one-third of its weight of starch, and its appearance upon the addition of boiling water leads one to infer that the fluid cannot act upon it very perfectly during the required time. From this fact our formula was framed in accordance with the instructions given for making the "Infusum Calumbæ" in the Ed. Ph., expressing the opinion of many medical men, that the recent infusion made by cold water is superior to that in ordinary use, and probably treating the root with water only, makes it more nearly resemble the infusion of the Pharm. Londinensis than if a portion of spirit were employed with it.

Rad. Calumbæ Elect., ℥x.
Ap. Destillat., 6 (℥xx.) pints.
Sp. Vini Rectif., f ℥viij.

Reduce the calumba to a coarse powder, add sufficient cold water to form a soft pulp, allow it to remain for two hours, place it in a percolator, add sufficient distilled water gradually to produce f ℥xxviij., which set aside. Pour over the root in the same manner the remainder of the water, and reduce this second product at a low temperature to f ℥iv.; mix this with the first twenty-eight ounces, and add the spirit. Lastly, strain, or leave for a few days, and draw off from the slight deposit.

With two or three exceptions we do not think there is any comparison between recent and concentrated infusions, the former being so much superior. Infusum rosæ compositum, is, as M. Burden remarks, a tolerably good one.

King's Road, Brighton, 17th Jan. 1855. Barton, Brothers.

On the Utility of Applications of Hot Water to the Spine in the Treatment of Typhoid Pneumonia. By Walter F. Jones, M. D. of Petersburg, Va.—During the prevalence of pneumonia on James river, in Prince George county, during the winter and spring of 1846–47, I observed many cases of this disease in which the application of hot water to the spinal column was productive of great benefit, in favouring reaction, and relieving congestion.

From a large number of cases, I have selected the two following to illustrate the happy effects of this method of treatment, when judiciously employed:

Case 1.—A strong, athletic negro man, 25 years of age, had been sick for eight or nine days. He exhibited all the symptoms of well marked

typhoid pneumonia. His system was reduced by the injudicious use of purgatives and emetics. I found him in the following condition: He was lying on his back with his knees drawn up; skin cool and rough; countenance sunken, pulse low; disinclination to move, and evident symptoms of considerable cerebral disturbance; his tongue was loaded with a thickly brownish fur, and slightly red and pointed; bowels sunken and tender, with a slow and occasional hurried respiration, interrupted frequently with cough, followed by expectoration of a muco-purulent appearance, which latter, I was informed by his master, had a few days previously been dark brown, and slightly bloody. There was evident flatness over both lungs, but the right lung seemed to be most involved. For several hours previous to my visit, blisters had been on the surface, without producing any vesication whatever, so entire was the inactivity of the capillary circulation. Whilst in the above condition, the patient was placed on the floor on his face, and about five gallons of water at a temperature so near the boiling point as barely to allow the immersion of the hand, was thrown immediately on the spinal column, which seemed to arouse his sensibilities somewhat, as shown by an effort to cry out, he was well rubbed and wrapped in blankets, and removed to bed. Fifty drops of laudanum, with a small quantity of thin starch, was thrown up the bowels by injection, and pressure applied to aid him in retaining it, which he did. In a short time he was asleep, and slept for two hours. During his repose, he seemed to breathe with more freedom, and upon an examination of his pulse there was evident improvement, and a very rapid approach to reaction took place. Nourishment was offered, which was taken, when very soon after he fell into a deep and quiet sleep.

I left him with directions to repeat the hot water in four hours, in case reaction was not complete. I also directed 10 grs. of Dover's powder, at bed time, and nourishment during the night.

On my return the next morning, I found him in quite a comfortable condition, complaining only of slight soreness along the spine, and very anxious to take nourishment, which was given at proper intervals. With the exception of some quinine in small doses, this was all that was done for him, and in a few days he was entirely restored to health.

Case 2.—A young negro woman, 18 years of age, was taken with all the symptoms of pneumonia. When I was called in, she had been sick six days. She had been bled, blistered and treated according to her condition, previously to my seeing her, with evident benefit, until the afternoon of the sixth day. Hot water was thrown on the spine; she reacted at once, and was put on the use of calomel, quinine and Dover's powder, in proper proportions. It was not necessary to repeat the hot douche, and after a few days she convalesced rapidly.

I might proceed to relate many cases in proof of the efficacy of this method of treatment as an adjuvant to the remedies commonly employed in the cure of typhoid pneumonia. Nothing, in my hands, has been so effectual in re-establishing the capillary circulation as this powerful revulsive.

I do not recommend this agent as applicable in all forms of pneumonia, but would suggest its adoption in those cases in which there is a torpor in the superficial vessels, a tendency to collapse, and an urgent necessity

for the production of immediate reaction. It is far preferable, in my opinion, to the slower, and far less certain action of sinapisms and blisters. —*Virginia Med. and Surgical Jour.*

A few words on the Method of administering Ether in Surgical Operations. By CHARLES MAYOR, M. D., March, 1847. Lausanne: Librairie de George Bridel. 1847.

DR. HUNT:—M. Mayor sent me this paper, (in French,) and as I had no leisure to transcribe it, I handed it to Dr. Ley. You will see that it has been rendered very handsomely; and I send it to you for publication if you think it of sufficient interest. F. H. H.

Extract from the Bulletin of the Société Vaudoise of Natural Sciences.

At the time when the public journals made known the valuable discovery attributed to Messrs. Jackson and Monton, my father was already attacked with the disease which put an end to a life consecrated to humanity and science. I then succeeded him in the duties of Surgeon-in-Chief of the Hospital of Lausanne, a circumstance which furnished me repeated opportunities of proving the effects of the administration of ether, both in the draught and in the state of vapor. Moreover, since the 5th February, I have been called upon to practice etherization in thirty-seven surgical operations.

Prior to this period, a man suffering from luxation of the humerus, of eight days standing, presented himself at the hospital; but not then having any knowledge of the most proper method of producing inspiration of the ether, I invented an apparatus, which consisted of a bladder, to which was adopted a gum elastic cathetor. Unfortunately the patient was so devoid of intelligence as not to be able to understand that he ought to breath throughe the tube. Explanation and some degree of compulsion proving useless, I reduced the dislocation without the assistance of ether.

Completely foiled in this attempt, I plainly saw that which has also been confirmed by other practitioners, that the success of etherization depends on the choice of the method used in producing it.

The 3rd of February, I presented to the Society Vaudoise of Natural Science, an apparatus which I had constructed and which is described in its Bulletin. This was the instrument of Charriere simplified, which I have lately seen.

I practiced etherization with this instrument seven times, always with success. I was not slow to believe that instruments of this kind, the only ones that were used at that time, were inconvenient in more ways than one. My father who (although then seriously ill, desirous to assist at two operations) was struck, as well as myself, with the necessity of an improvement in this respect. In order that etherization may hereafter precede nearly every surgical operation, it is necessary that it be effected in all cases with facility, by the aid of means as simple as possible, and which should not be subject to casualties which could not be surmounted in intractable individuals, in infants, in idiots, lunatics, or animals. It is especially essential that the patient should be able to give

vent to the tumultuous loquacity which frequently manifest itself under the influence of ether, and which sometimes degenerates into furious delirium; especially is this the case when the apparatus employed is of such a kind as to cause any obstruction to the facility of utterance. Finally, confinement of the jaws, the outcries which certain persons make in opposition to the operation, the necessity which exists in others of becoming agitated, are so great obstacles as often to render it necessary to discontinue the operation and compromise success.

To arrive at the result which my father and I had in view, we substituted for the tubular apparatus a large and shallow vase such as a shaving dish, a plate, etc, containing some rags and a sufficient dose of ether, (2ʒ.) This basin was fixed under the chin of the patient in the middle of a moistened towel applied to the head, and the borders of which encircle the vase, the external surface of the inferior maxilla, the occiput and the neck. An assistant maintains the whole in the position indicated, and the patient's face is thus surrounded in an atmosphere loaded with ether, which inhaled through the nose and mouth procure immediate sleep.

This method to which one might have recourse when it was necessary to use some apparatus, is nevertheless not free from inconvenience. In fact the wetted linen conceals the face of the patient from view and permits the escape of a part of the etherial vapor.

I have remedied these disadvantages by substituting for the towel a glazed veil, which consists of a piece of impermeable cloth,* of 1⅛ yds. in length by twenty-five centimes (nearly a yard) in breadth, and which presents near the centre an open window eighteen centimetres (about 9 in.) high, and fifteen (7 in.) broad. The glass is fixed at an equal distance from the two extremities of the veil in its longest diameter.† Its superior border corresponds with a line which divides the veil from end to end, into two equal parts.

The glazed veil is arranged in the same manner as the towel which I before mentioned. ‡ The glass should be placed in front of the patient's face in such a manner that it may be always in view and that nothing which is passing there should escape the notice of the operator.

I have up to this day employed this apparatus in twenty-nine cases of surgical operations, and always with perfect success.

It permits the surgeon to question his patient, and even to hold conversation with him. This instrument, moreover, allows the patient at his choice to breathe through the nose and mouth, to express freely all that he feels, and even to change his position as he has need, without his movements preventing the success of the operation. I have observed, also, that patients more rarely cough and fall asleep sooner when the glazed veil is employed than when we make use of any other method.

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* I make use of the tissue, the preparation of which I have made known in my memoir on an apparatus for "transuation et eauvetage," (Bulletin, vol. 1. page 298.) It is cotton cloth saturated with linseed oil, dried, and exposed for several days in the shade and in an airy situation.

† In order to fix the glass in the aperture which has been made in the veil, glue all round its edge a little strip of cloth which you can curve to suit the opening.

‡ Before making use of the apparatus it is well, especially in winter, to rub gently the glass and the vase which is to contain the ether.

Finally, this apparatus is on the whole the most simple, cheapest and most portable. You can, among other forms, give to it that of a cloak or hood with a window, but this modification does not seem to me to present any advantage. It does not belong to my subject to enumerate the divers operations in which I have employed ether. I will content myself by calling the attention of my confreres to a case with which the Gazette Médicale de Paris has already entertained its readers.* It is in relation to a man 44 years of age, who entered the Hospital of Lausanne, the 5th of February, affected, since the early part of the day, with a strangulated inguinal hernia, against which numerous attempts at reduction had been made. After having prepared every thing for the operation of herniotomy, I submitted the patient to the action of ether, in order to save him the pain of the operation, but with the well-founded hope that the relaxation of the tissue produced by etherization, would enable me to dispense with the use of the knife.

Accordingly, as soon as the patient was rendered insensible, a slight pressure sufficed to effect the return of the intestine.

I will add in closing: That in all cases where I have had recourse to etherization, it has completely produced sleep in the patients, and has rendered them insensible to pain.

That cæteris paribus, the duration of insensibility, depends upon the quantity of ether which has been respired, and that consequently it is possible, within certain limits, to be prolonged at the will of the operator.†

That the sleep produced by ether, also that the state which precedes it, differ in their nature and duration, since the phenomena which accompany the anæsthesia are due to alcoholic impurities.

That etherization carried so far as to do away with the acute sensibility to pain of the patient, causes no detriment to the health of any one, and does not in the least compromise the success of surgical operations. That finally, as it sometimes produces vomiting, it is well, as far as possible, to avoid administering it to patients while digestion is going on.

GERMAN.

On the use of Conium.—In the *Mediz. Ztg. Russl*, Dr. A. Murawjew recommends the alkaloid principle of conium, as an external application in all (!) chronic affections of the skin, in which this remedy diminishes the feeling of itchiness and the sensation of heat, and which, when long continued, will cure the disease itself provided it do not depend upon a general dyscrasia, a prolapsed condition, or chronic disease of the uterus, the liver or other abdominal organs.

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* No. of the 20th February, 1847, page 148.

† I never saw this effect continue so long as to produce any uneasiness. If it should so happen I would not hesitate to administer as an antidote, coffee rather than wine, which has been extolled, and the effects of which are too analogous to those of ether, to be harmless in this case. In the absence of coffee or when the article could not be retained in the stomach, the inspiration of ammoniacal vapor would seem to me to be indicated.

Murawjew considers it as the most efficacious, indeed a specific remedy in Favus.

In toothache, as a result of Caries; in this case conium gives but temporary relief—"in all cases however of a year!" In neuralgic affections the external application of the alkaloid is attended with marked relief—especially in painful syphilitic affections of the bones, in which it is given, not merely as a palliative, but as a radical cure. If is found of remarkable service in synovitis, especially when chronic, whether it has a traumatic, catarrhal or scrofulous origin. As an application to wounds, eshecially gun shot wounds, and in that œdema or rheumatic pains, which follow, a salve of conium proves itself of marked service. A few experiments seemed to prove conium to be of service in scrofulous and rheumatic inflammation of the eye, inasmuch as it soon dissipated the intolerance of light, the flowing of tears, &c., &c. In scirrhus and cancer, its action seemed to be merely palliative. In a case of cancer of the lip in a female peasant of 38 years of age, on whom he had operated, the conium had been applied diligently for 3 weeks, in form of dressing. In this case all Murawjew's attention was required to guard against danger from inhalation of conium vapour, which produced intoxication. In general, it is necessary, that the quality of the alkaloid should not vary, and for this reason he recommends the following: As an application in skin disease, Murawjew uses to one ounce of carron oil (lime water and linseed oil,) or spermaceti ointment 12 to 24 drops of coneia. He rubs the part previously with flannel, then smears the salve, and applies a piece of oil cloth, glove leather, or post paper, and over this a bandage. When it is necessary (as for instance in neuralgia) to apply pure coneia, the skin is first rubbed with spirit of wine or Cologne water, then three or four drops are allowed to fall upon the part, which is then immediately covered with oil cloth, and a bandage. The salve must be always kept in a warm place and in a well closed vessel (a stoppered bottle is preferable). As a collyrium Murawjew uses 1 to 3 drops to 6 drachms of water and 2 of mucilage; as a clyster 1 to 3 drops in a decoction of starch or linseed.—*Medizinische Neuigkeiten.*

FRENCH.

Injonctions iodées dans le traitement de la dyssenterie chronique (Delioux).—Voici le résultat de quelques expériences sur l'emploi des lavements iodés dans le traitement de la dyssenterie qui sont très dignes de l'attention des médecins.

La dyssenterie, dit M. Delioux, a pour caractères anatomiques incontestables des lésions spéciales de la membrane muqueuse cœco-colique. Dans la forme chronique surtout, qui a fait particulièrement l'objet de mes observations, cette membrane est rouge livide, boursouflée, ou même frappée d'une véritable hypertrophie qui envahit également la tunique musculeuse et le tissu musculaire interposé; la surface interne de l'intestin est parsemée d'ulcères taillés à pic, souvent recouverts d'une exsudation pseudo-membraneuse u de plaques gangréneuses; entre les

tuniques intestinales sont très souvent répandus de petits abcès multiples, remplis d'un pus phlegmoneux ; enfin, les ganglions mésentériques sont engorgés, volumineux et souvent aussi infiltrés de pus.

En considérant les succès nombreux qui ont couronné la pratique des médecins qui ont osé projeter la teinture d'iode à la surface des membranes les plus délicates et les plus irritables, telles que la plèvre et le péritoine, je me suis demandé si l'on ne réussirait pas également en cherchant à modifier, à l'aide du même agent, les lésions qui entretiennent la diarrhée et la dyssenterie. L'iode est un modificateur puissant qui, pour avoir une action topique franchement irritante, ne me paraissait cependant pas susceptible, surtout avec la précaution de l'étendre suffisamment, de déterminer une irritation plus vive que d'autres médicaments, tels que l'azotate d'argent, que l'on injecte impunément dans le gros intestin.

J'ai donc formulé des lavements iodée de la manière suivante :

Teinture alcoolique d'iode . .	10 à 20 gram.
Iodure de potassium . . .	1 à 2 —
Eau	200 à 250 —

L'iode est aussi maintenu en dissolution par l'iodure alcalin.

J'ai fais administrer préalablement un lavement émollient pour vider l'intestin, afin que l'injonction iodée agisse immédiatement et dans toute sa force sur la muqueuse.

Mes essais ont commencé avec de petites doses de teinture d'iode ; mais, après m'être assuré de l'innocuité de l'injonction, j'ai élevé progressivement la dose de la teinture, et j'ai vu que l'on peut aller ardiment au moins jusqu'à 30 grammes.

La plupart du temps, les lavements iodés ne déterminent que peut ou point de coliques ; il arrive parfois qu'après le premier ou le second, les déjections alvines augmentent pour diminuer ensuite en changeant de caractère ; d'autres fois elles diminuent ou se suppriment immédiatement. Sur douze cas mentionnés dans mon Mémoire, l'affection intestinale a été notablement amendée ou guérie dix fois ; deux fois il y a insuccès, mais non aggravation.

Pour prémunir les malades contre la possibilité des effets irritants des lavements iodés, je prescris toujours simultanément un lavement laudanisé qui doit être administré dans le cas où le premier provoquerait trop de coliques ; le plus souvent, cette seconde prescription n'a pas besoin d'être remplie, et si l'on est forcé d'y avoir recours, c'est avec la certitude de remédier à des accidents qui ne m'ont jamais présenté de gravité.

Je pense que l'injection iodée est susceptible d'opérer à la surface des ulcères, des abcès, des engorgements œdémateux et hypertrophiques du cœcum et du colon, un effet analogue à celui que l'on produit en appliquant la teinture d'iode sur les surfaces découvertes affectées d'ulcères, de foyers purulents, d'engorgements irrésolubles. Que ce médicament agisse par irritation substitutive ou par tout autre mode intime, mais inexpliqué, il me parait exercer sur la muqueuse intestinale, comme sur les plaies dans la pratique chirurgicale, des propriétés incarnatives, fondantes et résolutives.

Mais ce n'est pas seulement à la superficie de l'organe malade que le lavement iodé est destiné à agir ; l'iode est en partie absorbé, et il se-

très probable que, consécutivement et en tant qu'altérant, il pourra réagir sur les engorgements des tuniques intestinales et des ganglions du mésentère.

J'ai vérifié cette absorption d'une manière constante ; d'abord, presque tous les sujets qui ont reçu l'injection intestinale ont éprouvé, peu de temps après, un gout d'iode très marqué, indice d'élimination par les voies salivaires. Dans la salive, en effet, ainsi que dans l'urine, j'ai retrouvé l'iode toutes les fois que je l'y ai cherché. Pour cela, il suffit de traiter ces humeurs alternativement par une solution d'amidon et par une solution chlorée, la décoction de riz par exemple, et le chlorure de soude. La coloration bleue, plus ou moins intense et plus ou moins persistante, dénote aussitôt la présence du métalloide et ses proportions approximatives. Au lieu d'une solution amylacée, on peut, surtout quand on opère sur de petites quantités de liquides, comme la salive ou la sueur, faire usage de papier amidonné qui, imprégné de l'une ou l'autre de ces humeurs, bleuit instantanément quand on l'humecte ensuite d'une solution chlorée, s'il y a de l'iode éliminé. Je n'en ai point trouvé dans la sueur : récemment même j'en ai fait la recherche chez un syphilitique à la période tertiaire traité par l'iodure de potassium, et qui présentait une sueur abondante, je n'ai pu déceler d'iode dans cette sueur, à une époque où sa salive et son urine bleuissaient très fortement par les réactifs.

Ces faits d'absorption de l'iode par la surface du gros intestin, que j'ai établis par des expériences qui datent de la fin de 1851, corroborent ceux qu'a signalés M. Bonnet, de Lyon, relatifs à l'absorption des médicamens iodurés employés dans les pansements et dans les opérations chirurgicales.

Bandelettes agglutinatives avec l'emplâtre fondant du professeur Rey (F. Sauvan).

Gomme ammoniaque,	
Mercure, de chaque . .	parties égales.
Camphre	demi-partie.

On place la gomme ammoniaque et le camphre dans un mortier de marbre, on piste à froid, et le mélange ne tarde pas à se liquéfier. C'est alors qu'on ajoute le mercure, et, après un quart d'heure de trituration, le métal est totalement éteint. On sera peut être étonné de voir que, par le simple mélange du camphre, la gomme ammoniaque devient presque liquide. M. Rey avait fait à cet effet, une observation bien remarquable : il avait constaté que le camphre ramollissait toutes les résines ou gommes-résines qui contenaient de l'acide benzoïque ; aussi l'appelait-il son benzoimètre. L'emplâtre du professeur Rey, récemment préparé, est trop mou pour être étendu sur de la peau, et assez pour être employé en frictions. Les bandelettes dont nous proposons l'usage ont l'avantage de donner à l'emplâtre, étendu sur des toiles à l'aide du sparadrapier, une plus grande surface qui lui permette de se dessécher assez vite pour pouvoir être appliqué presque immédiatement sur toutes les parties du corps qui réclament l'emploi des fondants.

On retirera, dit le professeur Rey, de grands avantages de cette préparation dans le traitement des tumeurs froides, des glandes engorgées,

des bubons syphilitiques, etc., etc. Si nous venons à la recherche de ces vieilles formules qui, par leur composition et la vogue dont elles ont joui, méritent une meilleure place, c'est que nous voyons souvent de nouveaux médicaments usurper la place des anciennes préparations sans en avoir le mérite. Alors nous avons le droit de revenir sur celles qui, déjà abandonnées, nous paraissent préférables par leur nature et leurs propriétés. L'emplâtre de Vigo est regardé comme le meilleur fondant; pourtant si nous le comparons avec celui du professeur Rey, nous trouvons qu'il renferme un quart de plus de mercure que le premier, que sa manipulation est plus facile, et que le mercure est plus vite éteint. Ces trois remarques suffiraient pour donner l'avantage à notre formule, si une quatrième observation plus importante ne lui donnait la supériorité : je veux parler de l'association du camphre dans ces préparations, non seulement comme moyen thérapeutique, mais comme favorisant l'absorption du mercure. Le camphre, en se volatilisant, ouvre les pores des tissus que l'emplâtre recouvre. Le traitement des tumeurs froides du docteur anglais Scott n'a pas d'autre origine. Au lieu de l'onguent mercuriel et du camphre qu'ordonne ce médecin, nous recommandons les bandelettes agglutinatives faites avec l'emplâtre fondant du professeur Rey. Avec ce sparadrap, l'on exerce facilement la compression progressive avec plus d'avantage que ne le fait le médecin anglais.—*Annales cliniques de Montpellier.*

Pommade au nitrotannate de mercure, par M. Venot.

Tannin	5 gram.
Nitrate, acide mercure	12 gout.
Axonge	30 gram.

Mêlez. Pour panser les ulcères syphilitiques tertiaires.—*Revue thérap. du Midi.*

Pommade au proto-iodure de mercure (V. Duval).

Axonge	45 gram.
Proto-iodure de mercure	1 —
Extrait de cigue,	
Extrait de jusquiame, de chaque .	5 —
Camphre	3 —

Mêlez. On ordonne en même temps des lavements avec une décoction de racine de guimauve ou de graine de lin et de tête de pavot.

Arbousier contre la blennorrhagie (Venot).—L'arbousier (*arbutus unedo*), arbuste si vulgaire, si abondant aux plages du bassin d'Arcachon. Nul ne songeait à la valeur médicale de ce végétal, que recommandaient seulement aux baigneurs de la Teste ses jolis fruits rouges, cérisiformes, et d'un gout agréablement aigrelet. On savait à peine que considéré comme astringent par quelques anciens praticiens, on l'avait vaguement indiqué dans les flux de ventre en tisane, et dans les maux de gorge, en gargarisme (Morelot, *Dictionnaire des drogues*). Barbier d'Amiens, en

parle à peine, et les autres pharmacologistes n'en disent absolument rien.

Un pharmacien de Bordeaux (M. Dannecy) vient de s'occuper sérieusement de mettre en lumière les divers produits que la pharmacie peut emprunter à l'*arbutus unedo*. Ces produits, essentiellement tanniques, se réduisent à un seul, qui est un extrait fortement astringent, et dont les propriétés ont été expérimentées par moi dans le traitement des flux blennorrhagiques et blennorrhéens, alors que l'infidélité du ratanhia m'obligeait à lui chercher un succédané :

Cet extrait d'arbousier est employé à l'hospice Saint-Jean, et dans ma pratique :

1o. *Sous forme d'injection :*

Extrait aqueux d'arbousier . .	30	gram.
Eau distillée	500	—

2o. *En sirop,* sous cette formule :

Extrait aqueux d'arbousier . .	25	gram.
Eau distillée froide . . .	135	—

Dissolvez, filtrez et mêlez avec :

Sirop simple, réduit d'un quart et bouillant	500	gram.

3o. *En potion :*

Sirop d'arbousier . . } — de tolu . . . }	aa	30 gram.
Eau distillée de pin	100	—

Mêlez pour prendre prendre par cuillerées.

4o. *En pilules composées :*

Extrait d'arbousier . . } — de ratanhia . . }	aa	5 gram.

F. s. I. des pilules de 20 centigrammes. Deux matin et soir.

Telles sont les formes sous lesquelles, dans la thérapeutique des blennorrhagies subaigues et des blennorrhées irritatives, je fais usage de l'arbousier, qui, je le répète, supplée à merveille le ratanhia, est un admirable auxiliaire du poivre cubèbe et du copahu, et fournit une arme de plus à l'arsenal déjà si nombreux, sinon toujours efficace, des moyens antiblennorrhagiques connus.—*Union médicale.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

PROPAGATION OF CHOLERA BY EMIGRATION.

The generally received belief concerning the propagation of cholera is, that the disease is introduced by human migration from one country

to another, and for this popular opinion many reasons may be assigned in its support. Cholera follows the track of emigration. Parts of a territory are in succession visited by the pestilence just in time, strictly keeping with the dates of their intrusion by pest stricken strangers. Ships in which the disease breaks out during voyages, upon reaching ports of destination, formerly healthy, have their arrivals marked by an outburst in these places of the same illness; and a country in which the epidemic had not pre-existed, is immediately invaded, after the landing of passengers from a place in which this malady was present at the time of their departure. We say this is the commonly entertained view of the matter, and no one can warrantably oppose or reject it, who is conversant with the circumstances attendant upon the introduction of cholera into this country. But though the profession generally are fully conscious of these truths, the public are either unaware of them, or slow in apprehending their importance; so that the hygienic lessons they inculcate are not taught, and our executive corporations remain passively inactive—, perhaps, indifferent to the consequences which must be entailed by their ignorance or apathy. With a keen perception of the fact simply expressed above as the *propagation of cholera by emigration*, many schemes might be devised which, if they did not ensure the complete immunity of our cities from cholera, would assuredly weaken its virulence—retard its spread—and lessen its devastation. Our highly talented and esteemed contributor, Dr. Marsden of Quebec, recently addressed a letter to the *Mercury* newspaper of that city, wherein he succinctly states the same views as those now alluded to, which we have much pleasure in quoting:—

Sir,—The valuable "Report made by Dr. Milroy, to the Colonial Office, on the Cholera Epidemic in Jamacia, 1850-51; &c.," and printed by order of the House of Commons, 11th May, 1854, which I have just received, contains the following: "In the first visitations of cholera, in 1832, in the New World, it has been very generally believed that the earliest cases occurred at Quebec, in Lower Canada, about the beginning of June in that year. They have been confidently ascribed by some writers to direct and traceable importation by vessels from Europe; but this point is far from having been distinctly made out, and Dr. Douglas, the medical officer at the quarantine station at Grosse Isle, informed me that he has serious doubts upon its accuracy."

Being one, that had the best means of obtaining, accurate information at the time referred to, and as every thing that can shed the light of truth on a subject in which the safety and happiness of both worlds is involved, I take the earliest opportunity of stating that not a shadow of doubt exists in the mind of any unprejudiced person that cholera was introduced into this continent through Quebec, on the 5th June, 1832, and was "traceable to importation" My opportunities of obtaining accurate information on the subject were personal and ample, as besides having given the subject my *undivided* attention for several consecutive weeks

after the outbreak, by both daily and nightly attendance at the Emigrant (then) Cholera Hospital, I also dissected the first bodies that died of the disease, and assisted in dissecting others under the direction of the late lamented and highly gifted Dr. Lyons, for Drs. Rheinlander and Dekay, who were appointed a Medical Commission by the American government for the investigation of the subject.

Notwithstanding its importance, I should hardly have thought this letter necessary were it not that doubts have been raised on a subject having none, on the authority of a gentleman whose official connexion with the quarantine station *since* the period referred to, might in high quarters attain an artificial value. The gentleman alluded to was not then a medical or any other officer at Grosse Isle, and I believe he was not even in the Province at the time.—I will not at present allude to the absolute inefficiency of the quarantine station, either at the time of its organization or at any period since; history will attest that.

WM. MARSDEN, M. D.,
Governor College of Physicians and Surgeons, C. E.

Quebec, 20th January, 1855.

In the foregoing it will be observed the able writer unhesitatingly asserts, that cholera has always been a direct importation into this Colony, and very properly gives an unqualified rebuttal of the statements ventured by some on the authority of the Physician of the Quarantine Station. Why this latter gentleman should hold so singular an opinion, and one in contrariety to that of his *Confrères*, generally, does certainly seem extraordinary when it is remembered how very favorable his opportunities are for personally demonstrating the truth. The most lenient conclusion into which one would be forced, is that he has altogether been given over to a delusion. Of the total inefficiency of Quarantine to stay cholera and other epidemics, the history of that at Grosse Isle, affords abundant evidence. During the past summer, a series of very clever and well written articles appeared in the *Quebec Mercury*, in which it was clearly shown, that of whatever other benefit and unseen good Quarantine might be productive it assuredly, as far as Cholera was concerned, was very much like the King Log sent to protect the frogs an *inutile lignum*. Indeed, that it was more, in being both a nuisance and an expense. Thus openly attacked in the most respectable paper of the Canadian Capital, the Government at length shook off their lethargy, and appointed a Commission composed of Drs. Landry Jackson, and Mr. Gauthier, to ascertain what nearly every competent Physician in the Province, already knew that Cholera had not appeared in Canada, in the summer of 1854, before the landing of the emigrants.

In conclusion, we may remark that the theory of the propagation of cholera by emigration, has received a valuable confirmation in the testimony of Sir Wm. Burnett, Director of the Medical Department of the

British Navy. This learned physician, in reference to the outbreak of cholera, among the fleet in the Euxine states:—

"HE IS OF OPINION THAT THE PEST WAS IMPORTED FROM THE WEST, AND NOT ENGENDERED BY LOCAL CONDITIONS EITHER IN THE CAMP OR FLEETS. *He thinks that the vessels imbibed the poison from the shore, adopted the right course in putting to sea;* and that whereas they all did derive benefit from this expedient, with the exception of the Britannia, *that exception was due to the necessity which arose on the night of the 15th for closing the lower deck ports. This proceeding in his views of the case, prevented proper ventilation, and thus by producing an extraordinary concentration of the choleraic poison occasioned the mortality.*"

COMMITTEE TO INVESTIGATE THE CAUSES OF CHOLERA.

The committee alluded to in the above article passed though our city, we think, in the beginning of October—to what results their investigations have led them we know not; but we presume that the determination of the original question is "still dragging its slow length along" for in common with others we received a circular in the month of January purporting to elicit answers upon the matter which led to the formation of the committee. These, we may remark are chiefly a repetition of others answered personally months previously. When the labours of these gentlemen shall find an end would be perhaps too obtrusive if not impertinent to ask; but, when they do, we trust we shall be favored with at least the cream of the information that has been gathered. We have too high an opinion of the discerning powers of the physicians who compose it, and for whose talents we have the highest respect, to believe that it will all end in the discovery of a mare's nest.

The following is the circular alluded to:

MR. LE DOCTEUR,—Avez-vous eu du choléra asiatique, cette année dans votre pratique?

Comment et à quelle date s'est-il introduit dans votre pratique; s'y est-il développé spontanément, ou bien pouvez-vous tracer les premiers cas à des rapports avec des personnes atteintes du cholera ou avec des lieux où sévissait la maladie?

Croyez-vous le cholera asiatique contagieux; dans quelles conditions l'est-il, et mentionnez les faits sur lesquels s'appuie votre croyance?

Le cholera asiatique est-il épidémique et est-il possible de l'arrêter dans sa marche par des *cordons sanitaires* ou par quelques mesures de quarantaine ou hygiénique?

Est-il nécessaire au développement du choléra asiatique qu'un premier cas soit importé dans une localité pour qu'il y éclate, ou peut-il y naitre spontanément?

Les Commissaires soussignés osent espérer que vous voudrez bien, dans l'intérêt de le sceience et de la société, répondre aux questions ci-dessus sous le plus court délai possible.

ATTEMPT TO SUBVERT THE LAW OF 1847.

A Bill has been introduced into the House of Assembly to give a licence to practice to some persons now practising illegally in Missisquoi and it neighbourhood. The plea for this inconsistency on the part of the Legislature is, that there names were omitted in the Bill of Incororation passed in 1847—a plea not founded on fact; inasmuch as the bill could incorporate only those who already belonged to the Profession, which persons practising without licence and contrary to law, could not be said to be.

If these persons deserve a licence, why did they not apply under the amendment made in reference to those who had been practising for 10 years before the law was enacted?—or why, if competent to practice, did they not come before the Board of Examiners who required no particular course of study for those engaged in the Study of Medicine previous to the passing of the act.

By passing this Bill, the Legislature would assert without examination the capacity of the individual to act as practitioner; would do injustice to the students, who are now obliged to devote *Four* years to acquire the knowledge requisite to fit them for their duties—and sanction the gross inconsistency that, what a man may be punished for, if committed for a short time, becomes a valid reason for reward, if continued for a long period.

We understand that the Governors of the College of Physicians and Surgeons, at least such of them as reside in the cities, (it not being thought advisable to call a meeting of the College,) intend presenting to the House, a remonstrance against this improper attempt to interfere with the respectability of the Medical Profession.

PROFESSIONAL DUDGEON IN TORONTO.

Professional as well as civil dudgeon seems to have grown high in Toronto, and hardwords, jealousies and fears are fast setting folks together by the ears—with the first variety of this diversion we alone are concerned. It appears then that Drs. King, Philbrick and Hallowell gave a joint certificate to one Eliza Ward to procure her admission into the Lunatic Asylum—or rather her readmission, for she had on a previous occasion been an inmate. After this second entrance she was kept there for seven months and was then discharged by the Superintendant, Dr. Jos. Workman, who appears to have taken a somewhat peculiar view of the patient and her advisers.

In a letter printed in the *Globe* he thus expresses himself:

"I should have discharged her at an earlier date, but that I feared the same result would follow, viz., throwing herself in the way of the police —affecting insanity—imposing on the Medical Examiners, and with the aid of the usual fees from the city purse, once more securing the required certificate."

He subsequently goes on to threaten that he will lay the matter before the Commissioners of the Asylum in order to prevent the repetition of so great an abuse.

But the doctor does not stop even here. Before concluding he fearlessly implies in unmistakeable language that there can be found medical men in Toronto so utterly reckless of falsehood and regardless of truth as to sign a certificate of insanity for two dollars.

This calumnious letter brought out in reply spirited answers from Drs. Hallowell and others—in which not merely the allegations were denied, but the competency and even sanity of Dr. Workman were impugned—and lastly these were soon afterwards followed by a meeting of the Medical Faculty which was held in Russell's Hotel, on the evening of the 2nd February. Amongst those present were Drs. King, Richardson, Hallowell, Bovel, Grant, Beaumont, Bovell, Badgely, Cotter, O'Brien, McIlMurray, Cotter, Bethune, and Clarke.

The following resolutions were unanimously agreed to:—

Moved by Dr. Hodder, seconded by Dr. Richardson,

"That this meeting repels with indignation the insinuations against the honor of the medical profession in this city which were lately made by the Medical Superintendent of the Provincial Lunatic Asylum, in a letter to the Police Magistrate of this city. And with a view of calling the attention of the Government to the present unsatisfactory condition of the Lunatic Asylum, it is resolved that a committee be appointed to prepare a respectful memorial to the Governor General in Council, praying that his Excellency will appoint a commission to enquire into the state and management of the Provincial Lunatic Asylum."

On motion of Dr. Bovell, seconded by Dr. Bethune, the following gentlemen were appointed a committee to carry out the object of the foregoing resolution:—Drs. King, O'Brien, Badgley, Hodder, Richardson, and Grant—said committee to report on Monday next.

Moved by Dr. Scott, seconded by Dr. Hallowell,

That we honour the spirit which led M. Gurnett, the Police Magistrate, to make public the letter which he had received from the Superintendent of the Lunatic Asylum.

Dr. Beaumont being called to the chair, a vote of thanks was given to Dr. King for his able conduct in the chair, and the meeting adjourned at eleven o'clock.

AN ACT TO INCORPORATE THE MONTREAL DISPENSARY.

(Assented to 18 December 1854.)

Whereas a number of persons residing in Montreal have been associated together for sometime past, under the name of the "Montreal Dispensary," for the purpose of affording relief by advice, medical and surgical aid, to the sick poor of that city: And whereas the persons hereinafter named being members of the Association, have by their petition represented that in order to carry out more fully the benevolent designs of its founders, and to increase its usefulness, it is desirable that this Institution should be incorporated under proper regulations. and have prayed to be incorporated accordingly, and it is expedient to grant the prayer of their petition; Be it therefore enacted, &c.

I. That C. Dorwin, R. S. Tylee, James Gilmour, Benjamin Lyman, George H. Frothingham, J. U. Hopkins, Henry Mulholland, T. Esdaile, J. S. Hunter, P. D. Brown, A. Laframboise, and such other persons as are now, or shall hereafter become members of the said Association, shall be and are hereby declared to be a body politic and corporate in deed and in name, by the name of the Montreal Dispensary, and by that name shall have perpetual succession and a common seal and shall have power from time time to alter and renew or change such common seal at their pleasure, and shall, by the same name from time to time, and at all times hereafter, be able and capable to purchase, acquire, hold, possess and enjoy, and to have, take and receive to them and their successors, but for the use and occupation only of the said Corporation, any real or immoveable property and estate, lying and being within this province not exceeding in yearly value the sum of five hundred Pounds currency. And the same to sell, alienate and dispose of, and to purchase others in their stead for the same purpose; and by the same name shall and may be able and capable in law to sue and be sued. implead and be impleaded, answer and be answered unto, in all courts of law and place whatsoever, in as large, ample and beneficial a manner as any other body politic or corporate, or as any persons may or can do, in any manner whatsoever; and shall have power and authority to make and establish such rules, orders and regulations, not being contrary to this statute or to be laws in force in this province, as shall be deemed useful or necessary for the interests of the said Corporation, or for the management thereof, and for the admission of members into the said Corporation, and from time to time to alter and amend, repeal or change the said rules, orders and regulations or any of them, and shall and may do, execute and perform all and singular other the matters and things relating to the said Corporation and the management thereof, or which shall or may appertain thereto, subject nevertheless to the rules, regulations, stipulations and provisions hereinafter prescribed and established:

II. An annual General Meeting of the members of the said Corporation shall be held in the second Tuesday of the month of May in each and every year, (or if such day be a holiday, or the election hereinafter mentioned be not for any cause then held, then on such day as shall be appointed in the manner hereinafter mentioned,) for the Annual Election of a committee of Management, Secretary, Treasurer, and such other officers of the said Corporation, as to the said Corporation shall

seem meet, by and though the majority of the members present at such general meeting, and for the transaction of all other matters and things relating to the affairs of the said Corporation for the year preceding such Annual Meeting, and for the adjustment and settlement of the accounts and business of the said Corporation for the then preceding year; Provided always, that the said Corporation, on a requisition signed by not less than five of the members thereof, shall, by a notice to be inserted for not less than seven days in one or more of the newspapers published in the city of Montreal, call a general meeting of the members of the said Corporation, specifying the hour, day, place and object of the said meeting; and the members aforesaid or the majority thereof, at such general meeting, shall have power and authority to revise, alter or rescind any rules, orders and regulations for the management of the Corporation after notice of such repeal or alteration shall have been given at a general meeting next immediately preceding that at which such application shall be made and considered, and to admit new members, and to fill up all vacancies which may occur among the said committee of Management, Secretary, Treasurer and other officers aforesaid, and generally to do and perform all such matters and things as may be conducive to the well—being of the said Corporation.

III. All and every the estate and property, real and personal, belonging to, or hereafter to be acquired by the said members of the said association as such, and all debts, claims and rights whatsoever due to them in that quality shall be, and are hereby vested in the Corporation hereby established: and the committee of Management, Secretary, Treasurer, and other officers of the said Corporation, shall remain in office until others in their stead, or the same shall be elected at such Annual General Meeting in the manner herein provided.

IV. This Act shall be deemed a Public Act.

A Whale living on Plants and Water.—Our attention has been directed to the subscribed advertisement which appeared in the *Kingston Whig* for the 19th January—its perusal is its own condemnation. For no one of ordinary discernment can fail to perceive that it is an announcement of self-ignorance with presumption,—and an admission of individual stuff and nonsense. Nevertheless, from our experience, we have no doubt that in any community as that of Kingston or elsewhere, there will be found a certain number of "benighted individuals" as J. Lanktree, not inaptly styles them who will take in the bait and serve as fish to the net,—but we also have no doubt that there are as many, if not very many more fellow townsmen who will immediately form a correct opinion from "the redundant light" that is emitted by "the transcendent talents" of J. L. and his kind, and in whom such a miserable appeal will only excite their derision or their pity. The public, in these matters,

are not always so blinded as the profession almost unanimously conceives them to be, and often the formation of judgment upon the case of Medicine *versus* Charlatanism may safely be left in their hands without seeking to give it any particular direction. Indeed, following an opposite course to this will only be referred to selfish motives, and the dissentionist must then virtually make himself an adversary to the empiric who in turn will receive from the public their sympathies for the malignant persecution which it will be represented he has suffered.

"A LECTURE, illustrated by Experiments, will be delivered in the City Hall, on the first day of next month on the impostures of Allopathy and Homœopathy, by JOHN LANKTREE, "PROFESSOR" of Hydropathical and Botanical Medicine, in the City of Kingston.

"Doors open at half past 7 o'clock precisely. Tickets of Admission, 5s., to be had at the Drug and Book Stores.

"PROFESSOR" Lanktree begs to assure the public, that this is not intended as a *puff* or *advertisement* of *himself*, for his transcendant talents are sufficiently well known to every man, woman and child in Kingston, nor is it a trick to raise the wind, for his lecture will be worth 20s. at least; thus he will be presenting those who may do themselves the honor of attending with 15s. But his sole object is to impart to the benighted natives a portion of his redundant light, which he cannot longer hold in."

"J. LANKTREE, &c."

Emigration to Canada in 1854.—From the report of Dr. Douglass, Medical Superintendent of the Government Emigration Depot at Grosse Isle, 30 miles below Quebec, it appears that 279 vessels arrived there in 1854. They left Europe with 52,991 passengers. Of these 512 died on the voyage, and 112 children were born. Of the deaths, 1347 were infants, and of the remainder a large majority were aged persons. 10,164 of the whole number embarked at Liverpool; the mortality of these was 225, or upwards of 2 per cent. The mortality in all the other vessels was 7-10ths of one hundred. The passengers who came direct from the German ports were remarkably healthy. In 133 vessels there was not a single death, nor, a case of sickness on arrival. There was no case of ship fever typhus in any vessel arriving in the St. Lawrence during the year; and with the exception of three ships from Limerick, no case of cholera in any vessel that brought emigrants to Canada.

Montreal Eye and Ear Institution.—The Annual General Meeting of this Institution was held on Thursday, the 10th February instant, at the Office, St. François Xavier Street,—Mr. Francis McDonnell in the chair.

Mr. Collins, Secretary, read the Report; from which the following is an abstract:—

It appears that during the year 1854, the number of patients treated for diseases the Eye and Ear, was 450, which, when added to 2931 treated the eight previons years, gives a total of 3381 persons treated since the Institution was opened in 1845.

The following is a tabular statement of the cases.

OF DISEASES OF THE EYE.

Ophthalmia, simple conjunctivitis	40
Do Chronic do	36
Do Purulent	20
Do do Infants	6
Do Pustular	21
Do Strumnous or Phylyctenular	59
Do Corneitis	10
Do Iritis	14
Do Sclerotitis	30
Opacities of Cornea	10
Staphyloma	8
Ulcers of Cornea	50
Disease of Eye Lids	60
Wounds of Eye	6
Disease of Lachrymal Organs	22
	392

OF DISEASES OE THE EAR.

External Ear,	36	
Middle do	12	
Internal do	10	
	58	450

HENRY HOWARD, M. R C. S. L.,

Surgeon to the Montreal Eye and Ear Institution; Ophthalmic and Aural Surgeon to St. Patrick's Hospital.

Causes of Death at Scutari.—During the week ending 3d of January, 1855, the following were the deaths reported as having occurred among the British troops in the General Hospital at Scutari:—Diarrhea 98;

Dysentery, 81; Fever, 26; Wounds, 8; Rheumatism, 5; Chronic Rheumatism, 4; Chronic Catarrh, 5; Frostbite, 4; Bronchitis, 2; Amputation, 2; Gangrene, 2; Fracture; Asthma, 1; Delirium Tremens, 1; Phlegmon, 1; Phthisis, 1; Pneumonia, 1;

Daily Report of Sick and Wounded at Scutari.—The following is a copy of the morning state of the sick and wounded in the British Hospital at Scutari, 1st January 1855:—

Distribution.	Remaining, Dec. 31.	Admitted.	Discharged	Died.	At Malta.	At Constantinople.	Russian Prisoners.	Going to England.	Remaining	Grand total in Hospital.
All Regiments on Expedition, - -	2095	117	29	17	125	165	267	200	2495	2492
Civil department,	1	..	..	..	..	..	..	1	..	..
Sailors and Marines,	2	..	..	..	..	..	..	..	2	2
Russian Prisoners,	44	..	..	..	..	..	..	..	45	45
Total, - -	2143	117	29	17	125	165	267	201	2542	2542
English Officers, sick and wounded, -	69	..	10	..	..	..	..	6	53	53
Russian Officers, -	5	..	..	..	..	..	..	..	5	5
Grand Total,	2217	117	39	17	125	165	267	207	2600	2609

Practice for Sale.—A medical friend, residing in Canada West, is desirous of selling his practice, with what real estate he possesses. For certain reasons he does not wish to publish his name, or the place of his location. Any enquiries, however, addressed to the Editors of this Journal will receive attention. We give below his own statement of the value at which he estimates the whole, and the terms on which he is willing to dispose of them. "My practice is worth about £500 per annum; its extent being about 10 or 20 miles in every direction. The dwelling which I occupy is a two-story building (rough cast) nearly new, with about half an acre of land; the lot being a corner one, makes it the most valuable in our thriving village. I do not wish to sell my practice, without selling my real estate also; the whole of which I offer for £650, with payments as follows:—£100 immediately, and £25 a year for the two following years; the remaining £500 are to be paid in two instalments, the one 10, and the other 15 years from the 1st July, 1854.

The house is warmed throughout with hot air, and attached to it are good outhouses, barn, shed, stables, wood-house, a well of good water, and designed in its erection for the residence of a medical man."

TO CORRESPONDENTS.

Dr. Tetu. We are obliged to him for his kind consideration. We hope our subscription list will enable us to enlarge the Journal next year.——*Dr. Sinclair.* We have sent the missing number. Complaints of a like nature reach us occasionally from different quarters. The Chronicle is usually mailed on the 5th of the month.——*Dr. Hall* will accept our thanks.——*Dr. Cleaveland.* There was not the slightest occasion to obtain the certificate. We have attended to his request, and sent what he desired.——*Mr. Warbrick.* We were not aware of the decease of Dr. Warbrick. We are exceedingly sorry to hear that he fell a victim to cholera while nobly discharging his duties as a physician during the prevalence of the late epidemic.——*Dr. Edmonson.* Could he not assist with an original communication occasionally.

BOOKS RECEIVED FOR REVIEW.

Ramsbotham's Midwifery. What to Observe at the Bedside and after Death in Medical Cases. From Messrs. Blanchard & Lea. Reports of the Trustees and Superintendents of the Butler Hospital for the Insane. The Transactions of the New Hampshire Medical Society.

MEDICAL NEWS.

A large number of medical officers have sent in their resignations very recently, justly disgusted with the difficulties thrown in the way of the performance of their duties to the sick and wounded by the military authorities. It is said their resignations will not be accepted, and that if they persist in throwing up their commissions, they will be tried for desertion. This, says the Medical Circular, we learn from private letters received this week from the Crimea.—At the annual setting of the French Academy of Sciences, the prize for Experimental Physiology was awarded to M. Derainne, for his enquiries into the reproduction and development of molluscœ. The Cuvier prize fell to M. Muller, author of a valuable work on the development of Echinoderms.—Lord Stratford de Redcliffe has obtained the permission of the Porte to get up an Hospital for convalescent in the Island of Rhodes.—Dr. Roger, member of the Institute, Physician in Ordinary to the Emperor, has been named Commander of the Legion of Honour.—The number of medical students in Paris, have considerably decreased the last two years. The number who matriculated in 1852, was 1,434, of whom 480 were new. In 1853, the number had decreased to 1,060, of whom only 284 were new; and the present year is only 964, of whom but 151 were new.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. XXXV.—*Cases of Heart Disease.* By A. F. Holmes, M.D., Professor of Medicine, McGill College.

Among the remarkable deviations from normal structure which pathological anatomy continually brings to our view, there is none more singular than the obstructions to the circulation, which are frequently observed in the orifices of the heart. *A priore*, we should readily allow that life might be continued, notwithstanding a considerable co-arctation of those outlets; but even then we might expect considerable disturbance of the system. Such we find to be the case in numerous instances, but observation has shewn, that very great difficulties occur in endeavoring to predicate the amount of heart disease from symptoms, or from physical signs. One case will exhibit all the distressing effects of impeded circulation, when the amount of obstruction is by no means great; while in other cases, life may be continued, and even enjoyed, with a degree of constriction that subsequently creates wonder as to how life had been sustained. Nature has providently applied a remedy to the unforeseen impediments which arise in the arterial and venous systems. The universal interlacing of the smaller branches of the larger trunks, and their numerous anastomoses amply explain the little inconvenience experienced from the obliteration not only of a principal vessel of a limb, but of the aorta itself. It is true, a certain time is required for the completion of this process; but the successful operations for aneurism of the extremities demonstrate the shortness of the time required in those parts to repair the injury which the circulation has sustained. Although Surgery has not shown the same thing in regard to the aorta, yet experiment and pathological anatomy have abundantly. The well-known experiment by Sir A. Cooper of tying the aorta of a dog (which was subsequently killed, when the animal had entirely recovered its health,) proved the possibility of the fact; and although the similar experiment by

the same eminent surgeon on the human subject did not result in success,* this may be attributed to other causes than its impossibility, since numerous cases are on record of the total obliteration of the great vessel. I refer for examples to Graham, Craigie, Hasse, and Rokitansky, the latter of whom points out the almost normal mode in which obliterations take place, just below the arch of the aorta. In all these instances, however, collateral circulation had been established; the abnormal changes had occupied probably a long time in their progress; the system had gradually accommodated itself to its altered conditions. We can, then, easily understand how interruptions of the vascular system can be borne with and overcome; but the reasons which are satisfactory in this case are inapplicable, when we apply them to explain the extraordinary amount of narrowing, sometimes almost occlusion, met with at the orifices of the heart.

The foregoing ideas have been suggested by the occurrence of a case which I offer to the Journal, not because it exhibits any novelty, but because it adds to the number of facts from which useful deductions may be drawn.

Case I.

Tricuspid Segments united—Mitral calcified and contracted.

On February 28th, 1853, I was asked to visit a young gentleman (A. K.,) who had been suffering under an attack of acute rheumatism, gradually increasing in severity for about a week. I found him complaining of much pain, and the other usual symptoms. There was no particular indication of the heart being implicated, yet upon applying the stethoscope, a loud endocardial murmur was perceived, accompanying the first sound, but loudest towards the heart's apex. Colchicum was ordered, and acted so beneficially as quickly to break up the complaint, and he convalesced rapidly—the murmur, however, had not disappeared when I ceased to visit him. At that time it was considered to be owing to rheumatic affection of the heart, but, since his death, his history has shewn that some degree of heart disease must have been of much anterior date. Previous to his 3d year he was a healthy, fat child; he then had severe hooping cough, after which he remained thin and delicate—at the age of six he had chorea, not severe, but very protracted, lasting about three years. It was observed, that, though cheerful and playful, he would never exert himself like other children, but remain looking on

* Sir A. Cooper ligatured the aorta in 1817, in a case of inguinal Aneurism in which the patient was bleeding to death—the patient survived 40 hours; and a sufficient circulation was established in the sound limb. The same operation has been repeated three times with a similar unsuccessful result. The last time by Dr. Monteiro of Rio Janeiro approached nearest to success, the patient lived ten days, and died not from want of circulation, but from secondary hemorrhage.—See Erichsen's Surgery, P. 499.

and enjoying the fun in which he would not take a part. For a number of years, he had had a dry cough often severe. There was observed from childhood a peculiarity in his breathing, which continued till his death. His inspirations were made by a double effort or sob, or catching of the breath. But though unwilling to run or use hard exercise, his family had never remarked, nor did he complain of any difficulty of breathing.

During the first part of the summer, he was remarked as being in better health than usual, but in the month of September, he began to complain of shortness of breath which prevented him from walking fast or far. It was found that just before this he had walked three times out to the Mount Royal Cemetery (which is an ascent most of the way), and had observed after the last walk, that it had fatigued him so, that he would go no more.

In December last he called on me and related his symptoms, and I prescribed for him. On 18th January last, in the evening, I was requested to see him. Anasarca had begun to show itself. He had remained in bed all day, but had been unable to sleep from incessant coughing. His pulse was 120, regular, though it was stated by his brother, a medical student, that there was an occasional intermission. Breathing very rapid, but no oppression or difficulty of lying down. On examination the murmur was as before. He continued much the same till the 22nd, when slight delirium commenced, which gradually increased. On 23rd he spat up small quantities of black blood, became drowsy, and died at 1 a.m. of 24th.

Autopsie.

Lungs healthy, except that apoplectic effusion has taken place in several spots. The portions occupied by the clots, which were firm and granular when scraped, were especially the thin edges. The lower and anterior part of the left lung showed two, the right three of these deposits, one of which was about three inches in diameter. A small quantity of fluid was found in each pleural sac. The pericardium contained upwards of one ounce of fluid, was healthy, without any evidence of recent lymph. Heart was large, and on surface of right ventricle an ordinary white spot was seen.

The following description of the heart has been drawn up by Dr. McCallum, Demonstrator of Anatomy to the College:—

Right Side.—The auricle is very much dilated, the cavity being quite capable of admitting a large sized orange. Its walls are hypertrophied, measuring in some places 3 lines. The tricuspid valves are thickened and white; their contiguous edges are firmly and closely united, thus forming one continuous fold, which, indeed, presents the appearance of

a membranous diaphragm, with a central circular aperture, stretched between the auricle and ventricle. The central opening measures, in diameter, eight lines; and the edges, which are well defined, support at various points vegetations about the size of a large pin's head. There is insufficiency of the valves, a permanent patency being the result of the changes which have taken place in their structure. The cavity of the ventricle is dilated; its walls are hypertrophied, measuring at base seven lines. The chordæ tendineæ are increased in size, and the columnæ carneæ larger than in the healthy heart. The pulmonary semilunar valves do not exhibit the slightest trace of disease.

Left Side.—Auricle dilated. Mitral valve has been converted into an agglomerated calcareous mass, which measures, at the point where the valve is connected to the fibrous ring surrounding the auriculo-ventricular opening, fully half an inch in thickness. A portion of the endocardium on the auricular aspect of the larger segment of the valve is abraded, exhibiting the irregular, gritty, amorphous deposit, which, at all other points, is covered by the serous lining of the heart. The opening from the auricle to the ventricle is greatly constricted, admitting merely the introduction of the handle of a medium sized scalpel through it. The chordæ tendineæ are shortened and very much thickened; and the fleshy columns much increased in dimensions. The ventricle is dilated and hypertrophied; its walls measure at the base, 10 lines. The aortic sigmoid valves are thickened and white. They are, however, quite capable of performing their functions.

In this description, the points most note-worthy are, the adhesion of the three portions of the tricuspid valve so as to form a diaphragm between the auricle and ventricle with a circular opening; and, secondly, the extreme arctation of the mitral orifice.

It is well known that structural alterations of the right side are rare in comparison of those of the left, and for this reason they have, perhaps, an increased degree of interest, which makes a record of them advantageous; and, although not bearing immediately on the subject of this paper, which is the *narrowing* of the orifices, it does not appear irrelevant to notice them as more or less obstruction is generally combined with other lesions. Several cases are on record. Bertin gives the case (case 55*) of General Whipple, who suffered for a long time from palpitation on least exercise, great anxiety, and continual coldness of extremities. The auricle was found dilated, the tricuspid valve was ossified, and closed the auricular orifice so as to leave only two holes at the free edges of the valve united by a fissure an inch long and about one line broad—a third

* Treatise on disease of heart translated by C. W Chauncy, M. D.

hole existed towards the base of the valve. Another case (54) presents an extraordinary amount of disease, the tricuspid, mitral and aortic valves being thickened and calcified with consequent great contraction of the orifices. The tricuspid valves were hard, thickened, united together by their edges and formed a kind of cartilaginous septum, pierced in the middle by a hole which scarcely admitted the little finger.

Bertin remarks on the great rarity of induration of the tricuspid valve and the still rarer occurrence of its calcification, so rare indeed that Bichat denied that it could occur on the right side, in which opinion he has been refuted by facts.* Bertin remarks "during 20 years we have not collected more than four cases of such hardening (cartilaginous);—we have never had an opportunity of seeing those concretions of calcareous phosphate, those ossifications we have so frequently spoken of in the left heart.

In the case I have given, the valve though thickened was not at all hardened.

The following exhibits congenital malformation of both right orifices:—

Case II.

Tricuspid thickened and irregular—only two Pulmonary Valves.

A child, who from early infancy had exhibited palpitations and shortness of breath, died of bronchitis at the age of three years and two months. The heart was found much enlarged, weighing, with the aorta to its arch, and the pulm. artery to its bifurcation, 5¾ ounces. The right ventricle felt as hard as the left; right auricle very large; tricuspid valve was found with its edges covered with knobby cartilaginous thickenings, forming an irregular orifice. Walls of right ventricle nearly half an inch thick, and quite as thick as those of left ventricle—the pulmonary artery was dilated to ¾ of an inch in diameter, and was larger than aorta. Its semilunar valves were only TWO, but not at all diseased, and when closed, formed a perfect septum. The musculi pectinati of right auricle were largely developed. Foramen ovale closed;—left auricle and ventricle natural; mitral valve irregular in shape, (one side being very long, the other proportionally short), but not otherwise diseased.

The union of the pulmonary semilunar valves is an extremely rare occurrence. Bertin, in his 56th case, gives an example which he says is perhaps the only one of this kind known; the orifice of the pulmonary

* M. Philouze a presenté à la societé anatomique un cas de retrecissement de l'orifice de l'artere pulmonaire dans lequel les trois valvules sigmoides réunies étaient considérablement épaissies et osseuses. L'une de ces valvules presentait un prolongement osseux, etc. ——l'orifice auriculo-ventriculaire droit était ossifié et un peu retreci. (Cruveilhier, Anat. Pathol. liv. 28) He also refers to other cases

artery was closed by a septum pierced with a hole of two lines and a half in diameter, beyond which the vessel presented nothing unnatural. He considers it congenital malformation. Morgagni gives a case in which the sigmoid valves were cartilaginous, and so intimately connected at their free edges, that they scarcely left an aperture so large as a lentil. The foramen ovale was open. Carswell, (Path. Anat.) has figured a case of a similar kind to that of Bertin. The pulmonary artery was closed by the coalesced valves, whose free extremities were converted into a broad thickened ring, supported by three rays, (like spokes of a wheel,) connecting it with the base of the valve.

A case exhibiting a nearly similar appearance is figured by Cruveilhier (28th livr.), and he refers to others. Bouillaud, also, has collected some cases of this rare malformation.

An unique case of obstruction of the pulmonary artery is described and figured in Elliotson's Lumleian lectures, (plate 1, fig. 2.) In this instance, the obstruction arose not from any defect in the artery or its valves, but in consequence of the muscular substance "growing together around the mouth of the pulmonary artery, leaving a very small opening, beyond which was the real mouth of the artery of its natural size with its valves." The patient had always suffered from dyspnœa, and Dr. E. fancied it congenital.

But it is chiefly on the left side that we meet with degenerations of the valves, and narrowings of the orifices. I might quote from authors numerous examples of extreme arctation. Hope says, he has seen every degree up to the size of a smallish quill. Bertin (case 51) found the mitral orifice reduced to "a kind of ovular chink, the greatest diameter of which was not more than three lines." Rokitansky says "this contraction is frequently so considerable, that the diameter of the auriculo-ventricular opening, more especially on the left side, scarcely equals that of the little finger, or even of a goose quill, while the arterial openings would not admit of the passage of anything larger than a crow quill." Dr. Sieveking (Path. Anatomy,) delineates a case of extreme narrowing of the aortic orifice in an adult, in which the passage was contracted to the size of a pea.—p, 324. One of the most wonderful instances of this obstruction is narrated by Dr. Stokes in his late excellent work on diseases of the Heart and Aorta, p. 153. He says, "The left ventricle was distended to the last degree with fluid blood, and the aortic opening exhibited the most extreme amount of obstruction from ossific deposits that I have ever seen or read of. At first, indeed, it seemed as if there was no opening; but when examined on the ventricular side, a very small slit was discoverable of about four lines in length and one in breadth, through which it was just possible to pass a small probe."

My chief object in this paper, however, is to notice the existence of great heart disease, without prominent symptoms, or any feelings of distress.

Case III.

Narrowing of Aortic Orifice—Pulmonary Apoplexy.

Sept. 7, 1843 —Mrs. B— has been confined a month. A week ago rigor came on; now feels very weak; constant nausea and vomiting; had coughed severely before delivery, but cough now slight; pulse very weak and irregular; some oppression and slight pain about præcordia. 8th and 9th—much the same. 10th—much relieved, but has expectorated blood several times. Severe pain came on in the afternoon to right of umbilicus, with pain of acromion. 11th—Relieved. 12th—Suffered all night from colic; no cough or expectoration. 13th—6 a.m., suddenly seized with feeling of faintness; pulse became insensible, and she died at 8, with intellect unimpaired.

Autopsie.

Much fat below integuments; abdominal viscera healthy; mucous membrane of stomach injected in patches. Chest—Right pleura healthy; left adherent; left lung healthy, except in three or four spots, which were firm, dark red, and abruptly defined; on cutting into them, found filled with solid blood. In right lung, whole lower part of lower lobe filled with same firm coagulum. Pericardium contained seven oz. of yellowish transparent fluid; interior shining and no lymph. Heart rather larger than natural, but soft; right ventricle contained fibrinous concretions; its parietes were thin; right auricle rather dilated.

Left ventricle—cavity not at all enlarged; thickness of walls not at all increased; orifice of aorta very much contracted, forming an oblong narrow opening ¾ of an inch long, by ⅛ wide; valves thickened and rough; on their upper surface were three osseous tumors, about size of split peas. Aorta above valves dilated.

The subject of the above case I had known for some years, occasionally attending on the family. She was rather a large woman, rather stout, and apparently bustling about as most housewives. I should probably have been consulted had any difficulty of breathing or other distress occurred to her.

The following case I saw, both before and during his last illness, in consultaton with Dr. Campbell, our Professor of surgery, who has kindly furnished me with his notes of the post mortem appearances:—

Case IV.

Hypertrophy—calcareous growth on valves.

Mr. M— first consulted Dr. C. in consequence of the recurrence of

a fainting fit, which he had had a considerable time after a former one, both which, especially the first one, having occurrred after powerful bodily and mental exertion. At that time, a blowing systolic murmur was heard over the whole cardiac region, having its maximum rather above the base of the heart, and prolonged upwards along the aorta to the carotid. Pulse moderate in strength and frequency and without irregularity." He continued for at least four years without any impairment of the general health, which was excellent, and without any uneasiness in the region of the heart. He was careful to observe the directions given him to avoid all violent exertion, and to attend to his diet and digestive system. He afterwards visited England twice, where he consulted Drs. Williams and Walshe. He was able to attend to his business, walked and rode without uneasiness, and in every respect seemed healthy and comfortable. In Dec. 1853, he unfortunately took cold, and was affected for several days with mild bronchitis during which, however, his feet began to swell. Extreme dyspnœa suddenly came on which was followed and accompanied by great nausea and hematemesis to a trifling extent. The cardiac signs remained unaltered; no tumultuous action ensued; and decubitus was possible till within an hour or two of death.

POST MORTEM.

A small quantity of fluid in the peritoneum, and a few ounces in each pleural sac; pericardium contained about two ounces of serum. Heart hypertrophied on both sides, ventricles dilated to about one third more than their normal capacity. Septum nearly an inch thick. All the valves except the aortic were healthy. In looking into the aorta, the situation of the valves seemed occupied by a cauliflower-looking calcareous excrescence, which upon examination was found to be composed of two of the valves expanded into this morbid structure, and occupying nearly the whole calibre of the orifices; these two valves did not adhere though in close contact; the third valve, situated upon the mitral side of the artery was so contracted as to form but a fine fringe along its aortic border. On looking into the aorta from above, no opening could be detected, but examined from below, a curved narrow passage between the projecting calcareous mass and the remains of the third valve was discovered, which admitted the point of the finger pushed into it. It must have allowed regurgitation to some extent as water poured into the aorta readily ran through it. Below the attachment of the aorta, the whole circumference of the ventricle to the depth of an inch superficially, was thickly studded with smooth calcareous nodules, resembling split peas in size and shape. The aorta above its valves was quite healthy; the lungs were engorged, and œdematous. Three or four of the bronchial glands were greatly enlarged and completely calcified.

This case shows strongly how, with a large amount of obstructive disease, life can not only be supported but enjoyed. Instances similar to this, even more striking, are brought forward in Dr. Stokes' volume, fraught with great practical value. They must tend very much to abate the alarm which the unlearned universally, and professional men very commonly, experience when the existence of some anormal heart sound is detected.* It is true, we must still adopt in regard to these cases the very appropriate motto which Corvisart affixed to his classical work, "hæret lateri lethalis arundo." Such cases are always insecure, yet they may often be placed in the category of those complaints which, though creating delicate health, and requiring care in avoiding exciting causes, may allow to the sufferers considerable prolongation of life.—

"Thus" (I quote from Corvisart p. 342.) "I have lately seen a man, aged about 76 years of age, sink under a disease in about 14 days, having all the signs and symptoms of an organic affection of the heart, who had never before had the slightest indication of such a complaint†."

Again, "I have seen a man about 55 years of age who had always enjoyed good health—suddenly attacked with an organic affection of the heart, under which he sank in about five months.

Andral speaks to the same purport: "Les orifices du cœur peuvent rester longtemps altérés, sans qu'il en résulte, habituellement, de trouble appréciable dans l'action du cœur. Seulement tout effort, tout exercise violent, tout travail intellectuel, tout excès, tout ce qui, en un mot, tend à excélérer la circulation, détermine en pareils cas des palpitations et de la dyspnée. C'est, surtout, chez les vieillards qu'on a fréquemment l'occasion d'observer diverses altérations des orifices du cœur, qui doivent gêner le passage du sang, et qui cependant ne sont accompagnées d'aucun autre trouble, que d'irregularité du pouls.—Anat. Path. t. 2, p. 293.

So also says Stokes, "The doctrine that disease of the valves, when

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* So general is the belief that sudden death is the inevitable termination of disease of the heart, that the very suspicion of the existence of such an affection leads to great and injurious mental depression on the part of the patient, and corresponding anxiety among his friends.—Stokes p. 133.

The following case affords corroborative proof of the amazing amount of disease under which the heart may continue its functions. "The patient, a male adult, brought in five days before death; there were dyspnœa, dropsy, and frequent syncope. Heart and pulse scarcely felt.

Post Mortem.—Tricuspid valve grown up so as to have only a small and nearly circular opening in its centre. Mitral valve still more grown up, leaving only a fissure. Semilunar valves of the aorta thickened and projecting, so as to leave only a small triangular opening. Pulmonary valves thickened, though opening of natural dimensions." Elliotson's Lumleian Lectures, plate 2.

Dr. E. observes, "Altogether it is the greatest instance of valvular disease that I am acquainted with.

† It is to be recollected that Corvisart wrote anterior to the discovery of auscultation and the invention of the stethoscope.

it is uncomplicated with organic lesion of the *muscles* of the heart, is often so latent, as to be undiscoverable without physical examination, is one of the great truths for which we are indebted to the genius of Laennec. And *it is not yet* sufficiently insisted on that valvular disease, even to an extreme degree, may affect the heart without there being any thing in the previous history or existing symptoms, which could lead us to suspect the existence of such a lesion. Years may pass by, the patient fulfilling without inconvenience all the duties of anxious, active and energetic life."

Dr. Stokes adds the very practical remark "that an error too generally made is to believe disease of the valves to be necessarily progressive," and adduces cases where individuals had for a series of years (in one case 12), presented the phenomenon of valvular murmur, without any obstacle to strong exertion.*

Notwithstanding, therefore, the undeniable fatality of heart-disease, facts such as have been adduced must tend to show that the same gradation that is so generally met with in most severe diseases, may be allowed in cases of cardiac constriction.† We may hope, even, when informed by physical signs that the heart is affected, that they do not sound the death-knell of the individual who presents them, but, though menacing and cautioning, that the case may allow of the expectation of a freedom from suffering and danger for a prolonged period.

If, then, we so frequently find cases of valvular diseases entailing upon those affected but very little if any inconvenience, it is a question of much importance to point out, if possible, why after a long time such cases often suddenly, as in case IV., or more slowly, as in case I., assume a formidable character, conducting the patient with much distress to certain dissolution. Difficulties, no doubt, involve the solution of this question, which it would not be easy always to clear up, but the following quotations will throw a great degree of light upon the subject, and have a practical bearing upon it of the highest importance.

"The study of cardiac pathology leads irresistibly to the conclusion, that in valvular disease the source of irregular and excited action is to be sought for less in the condition of the valves than in that of the heart itself," p. 161. "A slow organic change of one or more orifices of the heart may go on without exciting any symptom which leads to the suspicion of disease; and the heart by some power of adaptation seems to

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* "I knew a gentleman who was advanced in life, and who had, to my knowledge, a loud and rough mitral murmur for four years, yet during each season he rarely missed a day's hunting, and was a bold and fearless rider."—Stokes.

† For instance, between distinct and confluent small pox; between scarlatina so mild as scarcely to be recognized, and scar. maligna; between common cholera morbus and the fell ravager which has lately carried off myriads, &c.

adjust its action, so as to carry on the function of circulation without manifest disturbance.* But on the occurrence of any general disturbance of the system, the signs and symptoms of a diseased heart are suddenly developed," Stokes, p. 153.

Walshe says, "Though these diseases be anatomically incurable, their worst functional effects may be long, in some cases indefinitely, averted by measures accordant with a common-sense view of their nature, and ratified by experience. Whatever be the valve implicated, the treatment is directed not towards its own disease, but towards the moderation or prevention of hypertrophy of the muscular substance of the heart, or dilatation of the cavities. Practically, the treatment of valvular diseases comes to be that of hypertrophy and dilatation."

In this disease, perhaps more than any other, the patient may be said to bear his life, or rather its prolongation in his own hands, provided necessity does not impose its iron shackles to prevent his using due precautions. Should he be reckless and improvident, vicious and debauched, stimulating the circulating system by physical and moral excitement, he will soon feel the effects of his own imprudence; while the contrary deportment; habits of temperance and sobriety, and a prudent recollection of the necessities of his case may extend his life for many years.

I add, by way of appendix, two cases of the "*cas rares*" description, which are interesting from their symptoms.

Case V.

Severe Ague?—Adherent Pericardium—Aneurism of Aorta—Floating Concretion within Aorta.

February 21, 1853.—Miss McG—, aged 18.—On 1st of October last was attacked with rheumatism (acute) which lasted six weeks; was attacked again about Christmas, and was said to have had considerable pain about the region of the heart, which was not attended to. When I saw her, she was hot, breathing very fast, with frequent full pulse, a very loud bellows murmur, especially at second right cartilage, where no second sound could be detected; at other points, it could.

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* Corvisart observes:—When we reflect how small the aperture frequently is in these contractions, we cannot but wonder how life can go on for many years with such an organic derangement. If such an obstacle to the circulation were to form suddenly in a healthy person, speedy death would probably be the consequence; but as these affections are of slow growth, nature seems capable of accommodating herself, to a certain degree, to such a powerful impediment gradually forming to oppose the free exercise of her laws.—Hebb's Trans. p. 193.

Ordered calomel, digitalis and large blister. Next day, 22nd, greatly relieved, which at first attributed to treatment, but on narrower enquiry into the history, I found she was laboring under severe intermittent, and I had seen her during or towards the close of the hot fit. Her apparent amendment to-day was therefore owing to her being in the intermission. I was, then, told that she had two paroxysms each day, the cold stage lasting nearly two hours. The fits had commenced 12 days before, and had continued single till within a couple of days. The right hypochondrium was tender, but liver not felt. Bowels loose and the stools occurred almost always during the cold stage, and two or three of them. At the same period, but not at other times, vomiting frequently came on. From this time, till March 5th, on which day she died unexpectedly, the paroxysms continued generally twice a day, though once or twice only one fit occurred in the day. They, however, lost the regular period of return, commencing at irregular hours—1, 2 or 5 in the morning—at 5 or 9 at night—sometimes at 9 a. m.—and once at noon—latterly, the shaking became less, and only cold was complained of at the beginning of the paroxysm. The strength gradually declined and she died quite conscious, having had three "turns" as if fainting, in the last of which she expired.

POST MORTEM, 43 HOURS AFTER DEATH.

Pericardium adhered universally to the heart by a false membrane which was easily lacerable, and had a remarkable appearance, being of a dark greenish color, exactly like gangrene. This color was only in the false membrane, not in the layers of the pericardium. Heart was flabby, not large, some blood in left vertricle. Blood in all parts very thin and watery. Large numbers of fat globules, were seen floating in the fluid that ran from the incisions. The lung of both sides adhered to the pericardium. In other respects, they were quite healthy, except an old adhesion on right side, to diaphragm. On cutting up the aorta, the valves were found hardened and thickened on edges like a cock's comb, but they retained fluid when poured into the vessel.

About an inch above the valves was a pouch having an orifice fully half an inch in diameter, and the pouch itself was about an inch across, (being an aneurism with rupture of internal coats.) But, what was very curious, at the distal side of this orifice was attached a concretion (apparently lymph, but very firm), about two inches long and of irregular thickness, and free within the aortic cavity. Mitral valve healthy; pulmonary artery somewhat dilated at orifice; a polypus of some size in the ventricle, extending into auricle. Liver large, uniform in color, but not engorged. Spleen very large, weighing one pound, and pretty

firm: kidneys large, softish; capsules peeled off as if quite unattached; other organs healthy.

Query, what was the nature of the paroxysms? They might, from the period of the complaint at which they commenced, have been regarded as the results of internal suppuration; paroxysms from this cause sometimes simulating very exactly intermitting fever. It was said, however, that about 2½ years before, while in Upper Canada, she had had ague in a mild form, but it had no recurrence.

On the whole, I considered them as ague, and the diagnosis was borne out by the absence of any appearance of suppuration, and by the large size of the spleen.

The parts everywhere had an infiltrated appearance, though not positively containing fluid. Transudation had taken place, so as to color the organs, and, also, the fluids in the cavities. There was about half a pint of bloody fluid in each pleural sac, and some in the abdominal cavity.

It is not easy to see any connexion between the ague and the organic disease. Most of the latter was due evidently to the rheumatism; but each would aggravate the other, and conjointly more rapidly exhaust the patient. Dr. Elliotson relates a case—"a man admitted into St. Thomas's on account of ague, and made no complaint of any pectoral symptoms; he was seized suddenly with dyspnœa, and died before I saw him." The central aortic valve only diseased—covered by large excrescences easily detached,—plate 5.

A case bearing a marked resemblance to the one I have described is given by Dr. Hope, (Path. Anat. fig. 74.)

"A boy, æt. 10, had sawing murmur; pulse 120, very weak, small and unequal; respiration hurried; temporary pain and constriction in the præcordial region. Pulsation of heart over large extent, &c. &c. But his most remarkable symptom was an intermittent febrile paroxysm, coming on daily about noon with pain in the heart, and consisting of chilliness for an hour, heat for half an hour, and perspiration till evening. He was affected with pain and the intermittent paroxysms for ten weeks, when he died."

"Aortic valves were agglutinated together, forming a fibro-cartilaginous ring. Hydro-cardium two ounces, hydrothorax six ounces on each side. Both ventricles hypertrophied."

Case VI.

Hypertrophy, remarkable Ecchymosis.

December 31, 1846, Sillman, aged 18, had suffered for a number of months, from fits of difficult breathing—has been under treatment.

At present is anasarcous—much dyspnœa; cough; scanty deep colored urine, &c. but the singularity is that in many parts, the surface exhibits

patches of ecchymosis, especially about the fingers, but most of all on the right thigh, on which he lies exclusively—the whole side of the thigh from trochanter to knee, is ecchymosed as if from severe bruise. It was very tender when I first felt it, but two days after not at all so.

I ordered him inf. digit. ʒi. in die. Jan. 2—Urine largely increased; anasarca very much diminished; ecchymosis as before. Jan. 9—Died rather suddenly; ecchymoses had rather increased; the whole scrotum was like that of a negro.

He was seen on 8th, when the pulse was 108; full and jerking, and action of heart strong. Examination not obtained.

ART. XXXVI.—*Case of Phagadena Oris.* By Thos. P. S. Brown, Physician and Surgeon, Stoney Creek, C. W.

S. J—, ætat 23, a young woman of good family and character, unmarried, considerably debilitated and anæmic from menorrhagia and leucorrhœa alternately, (if I may thus express it,) was attacked about 15th January last by cancrum oris.

I saw her about a week later than the above date. She had tried many local applications recommended by some work on domestic medicine, such as alum, creasote, borax, &c., &c., without the least benefit, before sending for me, being 7 miles distant.

Although it is very rare to see this disease at such an age, I arrived at my diagnosis as follows:—

1st, By the disease confining itself to the cheek and gums of one side.

2nd, By the absence of bluish or livid spots on trunk and extremities, found in purpura and scorbutus.

3rd, By the excessive acrimony of the salivary discharge, excoriating the chin and cheek in a short time when allowed to come in contact.

4th, By the presence of severe irritative fever, generally or always absent in scorbutus and purpura.

The gums and cheeks in spots were gangrenous—a constant and extremely fœtid ichorous discharge, with a little dark offensive blood occasionally, the latter followed by relief of pain. Several of the teeth loose, which had been remarkably firm and sound. Considering it a case of alteration of the constituents of the blood, affecting all the tissues, producing fearful debility, as well as irritability, (pulse ranging from 110 to 136,) and in view of the long continued functional uterine derangement

(which in my opinion was the principal cause of the disease in this instance), I at once adopted the following treatment:

℞ Fer. citras-ammon.
Fer. citras et quinine, aa. ʒi.
Aquæ distillat. ℥v.

Dose, a teaspoonful every four hours in water.

The stomach bore it well, the appetite improved, as did the general health. She continued to take this formula, and no other for three weeks, with castor oil and opiates as required, using at the same time the following locally, wherever any appearance of the disease existed,

℞ Acid muriat. ʒi.
Mel. dispumat. ℥i.

This gave but little pain at first, but after a few days required to be diluted. Its use was continued about a week every three or four hours, and at longer intervals during another week, when it was omitted, the teeth having become firm, and the soft parts quite healthy. I also used as a liniment, externally, equal parts of liq. am. fort.; spir. tereb. et ol. dulce. Her diet was as light and nutricious as possible.

I have this day seen her; she is quite well in every respect. She expresses herself better than she has been for several years.

Stoney Creek, March 1, 1855.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXVII.—*The principles and practice of obstetric Medicine and Surgery, in reference to the process of parturition*, with 64 plates and numerous wood cuts. By Francis H. Ramsbotham, M.D.; F.R.C.P.L.; Obstetric Physician to the London Hospital and Lecturer on Obstetric and Forensic Medicine at the London Hospital Medical College, lately Physician to the Royal Maternity Charity of London, &c. A new American edition revised by the author with notes and additions by William V. Keating, M. D., A. M., Lecturer on Obstetrics and Diseases of Women in the Philadelphia Medical Association, &c. Philadelphia: Blanchard & Lea. Montreal: B. Dawson, 1855, pp 648.

It is scarcely 30 years since Mr. Mitchell, in an octavo of 128 pages gave expression to his enthusiasm concerning the virtues of Ergot in the opinion that as soon as the remedy was generally known in fe-

male practice, it would "supersede the necessity for male practitioners except in a very few instances where the disproportion of parts is very great or the presentation such that delivery cannot be effected without turning; in such cases the medical man will be still called in, but these will not occur in more than 1 out of 200." Had these vaticinations been fulfilled, the sole duty of the "man midwife" would have been taken up in operative interference with the course of nature during parturition and his presence in the lying-in room would only have been demanded when trials of manual dexterity or of instrumental strength were unavoidably necessary. His studies would have been curtailed down to the acquisition of the rules of force and of extraction; while he might justifiably have remained ignorant of every particular connected with the history of natural labor. But no such exemption of occupation or abbreviation of attainment has yet been observed. For as to be expected views so singular as those of this expectant writer were properly estimated to be the fanciful perceptions of a visionary, and probably never enlisted in their cause a single supporter. Conventional usage still requires that the man practising midwifery shall be a thorough master of its entire science and practice, and be as competent to aid the uterine efforts when matters are in the right train of accomplishment, as well as when any occurrence is unusual or perilous. How far custom is right in insisting upon these requirements is a question wearing an entirely different aspect, to the one concerning the real necessity for their possessions under present circumstances. It is, however, one which has not been reserved for theprofession. The public have set themselves up as judges and decided it in accordance with their feelings and experience, women feel themselves safer under the care of a Doctor, and they have repeatedly found that in the event of danger supervening he is at hand and prepared to avert its threatenings. The considerations which their delicacy might naturally inspire against his assistance find no place in the selection, as they are outweighed by the paramount advantages which are known to follow from his superior knowledge and greater nerve. There, assuredly, are no circumstances that can arise which in comparison require so correct an acquaintance with the anatomical condition, both normal and pathological and of a more important organ than those under which the gravid uterus may be placed in the hour of sorrow. Nor can we imagine any cases which more require the exercise of skilful judgment, promptness of action, self-possession, firmness of purpose, and strength of execution as those that may be presented during the period of parturition. The proper management of hazardous cases calling out qualities like these have by unanimous consent been allotted to the medical man and as it is impossible to predicate when the peril may

happen, his services have come into general requirement, and are rendered alike in simple and complicated labours. These should form sufficiently cogent reasons for his fully perfecting himself in the theory and art of midwifery, or as it is pompously called, upon the continent in tokology.

In the work familiarly known as "Ramsbotham's Obstetrics," will be found a correct and minute account of the present state of the literation of this department of medicine, and we know of no safer guide than it for the practioner or better book of perusal for the student. It is not our intention to enter upon its praises, for that would be a work of supererogation. Since its appearance, 14 years ago, it has enjoyed an unsullied approbation, and is among the practitioners of Britain and this continent referred to as the standard work on the subject.

The present edition contains, like the first, a description of the different species of labours and their necessary accompaniments, the anatomy of the organs distinctive of the female economy, and a phytiological outline of generation, but besides these it also comprises an account of the diseases of the puerperal state and of pregnancy. Some matters discussed formerly, rather too laconically, have been entered into more fully, as examples we may mention the connection between the maternal and fœtal systems, and the establishment of respiration in newly born children. Another feature which has been super-added to the original work is a collection of tables drawn up from the practice of the Royal Maternity Charity in London. A great deal of value has been attached to numerical statements of this kind, and few works having any claim to profundity are issued without containing a fewer or greater number. We confess, however, not to be very ardent admirers of them for, generally speaking, the system is faulty from the looseness with which the facts are put together and the hastiness with which the generalizations are drawn. Very carefully recorded statistics, at most only serve to denote approximations to the actual prevalence or constancy of any particular phenomenon, and can never meet the purposes of precision under an application to similar instances or even afford more than a rough average under circumstances of a more general character.

This edition of Ramsbotham, it will be seen from the title, has been especially prepared for the American press by the author, and enlarged by his own additions and notes. We find that English writers are beginning to follow a similar practice with their productions, and endeavor to secure their publication on this Continent, after effecting an advantageous arrangement with some well-known firm, as the Messrs. Blanchard & Lea. This is what they should have done long ago; for, among other evident benefits to be derived, not the least are securing the appearance of the work in strict accordance with their own desires. The

opportunity of making such alterations, or other improvements in the text as they conceive will enhance its value, and the prevention of undue liberties being taken with the body of the work, of which some, and not without reason, have had to complain. We are glad too, to find that this edition has been dedicated to an American physician. This is just as it should have been. No excuse need be offered for the want of a deserving person for there are numbers in the new world who have proved themselves highly honorable members of their profession, and many who, in every department of it, have both by pen and by mouth obtained for themselves a very elevated reputation. On the present occasion our old friend Meigs has been selected, the renowned teacher of obstetrics in the Jefferson Medical College, and of whose writings our opinion has aforetime been chronicled.

The typographical part of the above work is beautifully executed, and reflects great credit upon its publishers. The text is interspersed with a large number of splendid plates which, in point of execution are not inferior to those that adorn the issue of the English metropolis.

XXXVIII.—*On Injection of the Bronchial Tubes and Tubercular Cavities of the Lungs.* By HORACE GREEN, M. D., L. L. D., President of the Faculty and Professor of the theory and practice of Medicine in the New York Medical College, Corresponding Fellow of the London Medical Society, Member of the American Medical Association, &c.

We are believers, not only in the practicability of introducing a sponge probang into the larynx, through the chordæ vocales and into the trachea, but also in the importance of the application of nitrate of silver to the diseased mucous membrane in certain cases, by such means. We recognize in Professor Green the originator and consistent advocate of the practice, and, all that has been said and written to the contrary notwithstanding, believe him to have been the first person to successfully carry into effect local medication, by direct applications, of laryngeal disease. In the pamphlet before us, however, the doctor rather startles us by his bold propositions, and we do not feel altogether inclined to follow him in his practice. To the cauterization of the larynx and trachea we offer no objections, as the procedure is not entirely unfamiliar to us, but to inject the bronchi and tubercular cavities with a solution of nitrate of silver, of the strength of 30 or 40 grains to the ounce

of water, seems to us a difficult and hazardous undertaking. We shall, nevertheless, allow our author to speak for himself:—

Of one interesting fact we are now fully assured, that whenever the remedy has been fully employed in the treatment of bronchial disease, the effects have been invariably salutary. Catheterism of the larynx and trachea has now been employed in my hands, in the treatment of more than twenty cases of chronic bronchitis—some of them of a very severe and protracted nature, in which from one to three drachms of a solution of nitrate of silver, of the strength of from thirty to forty grains to the ounce, have been injected every few days, in each case, through the trachea, into the bronchi; and in every instance, with not a single exception, improvement has followed the treatment. In those cases where tubercles exist, whether the exudation be in a crude state, or beginning to soften, the beneficial effects of the treatment have been, thus far, as uniform and certain, although the improvement has not been as rapid in these as in the former cases. Most of these cases of tubercular disease are still under treatment, and the final result cannot be foretold.

In the employment of catheterism of the bronchi, by means of the flexible tube and the syringe, repeated proofs have occurred of the presence of this tube in the trachea. The coughing of the patient before the injecting was completed, has often driven a portion of the solution, with force, through the tube, and to a distance of several feet from the patient. Several distinguished ascultators, who have been present when the operation was performed, have had the curiosity to examine the chest of the patients, both immediately before and after the operation, when they have detected readily, by ascultation, the presence of the fluid in the lungs, immediately after the injection was made.

Of more than fifty medical men, comprising many distinguished physicians of our country, who, from time to time, have been present at these operations, all, *with one or two exceptions*, have been fully satisfied that these injections were, in reality, made, not into the œsophageal tube, but into the tracheal and bronchial divisions.

XXXIX.—*What to observe at the Bedside and after Death in Medical Cases.* Published under the authority of the London Medical Society of Observation. Second American from the second and enlarged London edition. Pp. 228. Philadelphia; Blanchard & Lea. Montreal: B. Dawson.

When the first edition of this work appeared, we strongly recommended it to all who were desirous of acquiring correct habits of observation at the bedside. We are pleased to see a second edition so soon called for. To the student following medical cliniques, and attending hospital practice, it is invaluable.

"In preparing the second edition, the whole of the work has been

carefully revised by the Committee who drew it up, assisted by some other members of the Society. A section *on Treatment*, with some modifications in the arrangement, has been introduced, and greater precision of expression has been aimed at; but the original character of the work, and, as far as was consistent with the additions, the same numbering of the paragraphs have been preserved."

CLINICAL LECTURE.

Clinical Lecture on Deep-seated Whitlow. By John Hamilton, Surgeon to Richmond Hospital.—It is not often that we have an opportunity of ascertaining the pathology of deep-seated whitlow; I am therefore glad to be able to exhibit to you this finger, which I removed from the hand of John Phelan, No. 5 Ward.

Let me first read to you his case, as taken by Mr. Tyrrel.

John Phelan, æt. 40, a painter, was admitted into the Richmond Hospital, with mortification of the two last joints of the middle finger of the right hand, which were black, cold, and shrivelled, the consequence of deep seated whitlow. The first phalanx, the neighbouring portion of the palm of the hand, and the back of the hand, particularly round the knuckles, were swollen and red, and there were three discharging openings, one on the front of the first phalanx, the second in the palm, and the third on the back of the hand, which had been made to let out the matter.

Ten days before he had a scratch on the back of the middle finger, and while immersing his hand in some size felt uncommon smarting in it; the next morning at four o'clock he was seized with a severe shiver and intense pain in the finger, which became swollen, with red lines remaining on the back of the hand from it. On the third day the top of the finger was quite black, and on the next day the blackness had extended to the base of the second phalanx.

On the fifth day, Mr. Hamilton saw him in consultation with Dr. M'Sweeny, and it was thought best to make a deep incision in the front of the first phalanx, which was very painful, red, and swollen; a quantity of matter gushed out with great relief, and he slept that night. It was necessary two days after to make the incision in the palm, and again that in the dorsum of the hand. These gave effectual relief to the pain, and the local inflammation became so much diminished, that Mr. Hamilton thought it fit to remove the finger at the metacarpal articulation. Everything went on favourably, and he left the hospital 9th of December, the wound granulating and contracting rapidly, and his general health much improved.

The removed finger was carefully examined. The two last joints were black and shrivelled, and a faint line of separation was commenc-

ing between the dead and living parts. The first phalanx offered a good example of deep-seated paronychia in the advanced stage. The fibrous sheath of the tendon was very thick, the section white and firm, the lining membrane of a pink colour, and here and there bloodshot, with some deposits of flaky lymph. The flexor-profundus tendon was loose and soddened, and surrounded by pus. The periosteum separated from the bone by pus, and the bone dead. You will see here the contrast between this natural thin white sheath, with its smooth, pearly white lining membrane and glistening tendon, and the thick sheath of the whitlow finger with its rough, lymphy red inside, and its dull tendon smeared with pus.

Many of you will think this subject scarcely worth your attention; but you are wrong; for you will find deep-seated whitlow a very serious and painful disease, by which the use of the finger or hand may be destroyed, and which requires prompt treatment; and nothing but a thorough knowledge of its nature and progress will lead you to insist early on those measures, which, though apparently severe, will alone arrest its destructive progress. As you have just seen, deep-seated paronychia is an inflammation of the inside of the sheath of the flexor tendons of the fingers, rapidly running into suppuration. The symptoms are usually as follows: the affected finger becomes painful, the pain increasing to the greatest degree, so as to prevent sleep, and often to cause the patient to spend the night walking about his room in torture. This will be at first accompanied by little swelling and little redness, more especially in front, although the greatest suffering is complained of there. The finger will be kept bent, any attempt to straighten it increasing the pain, as does also pressure over the affected part. By keeping the finger flexed, the skin in front is relaxed, as well as the tendon, relieving the painful tension and the pressure of the tendon on the inside of the inflamed sheath. The back of the finger next becomes red, swollen, and shining, pitting on pressure. You might be misled by this, and think it was the place to make your incisions in search of matter, but it will be found that pressure on this part can be borne, whereas in front, where Boyer says this whitlow always occurs, it cannot; and when the finger is attempted to be straightened, the suffering is at once referred to the front. After the third or fourth day, this part will be found swollen and prominent, particularly on a side view, but no fluctuation is discernable. If no treatment is adopted, the disease will often proceed from the finger to the palm, which becomes red, swollen, and tender, the back of the hand particularly so, of a deep shining red, pitting on pressure, and fluctuation is soon apparent either over the knuckle of the affected finger, or in the web between the fingers. In the palm of the hand we often observe that the matter, after having made its way through a small opening in the skin, does not pierce through the cuticle, which in the laboring classes is excessively thick, but separates it extensively, and you have a considerable collection of pus, only covered by cuticle, before you come to the real abscess; as the palm becomes engaged other fingers get flexed, and cannot bear extension, and the pain shoots up the arm to the shoulder; in a woman, I knew it extend to the breast of the affected side. In most instances the inflammation with suppuration stops at the finger and palm, particularly when

treatment has been resorted to; but if not, it may go up the front of the wrist to the forearm, in which case the patient recovers after weeks of suffering, worn out by sleepless nights and profuse suppuration, with bent, emaciated fingers, and a stiff wrist, and nearly a useless hand. Should the disease not extend so high, or not be so violent, it may end with a stiff bent finger. I should say when there has been a suppuration the finger is invariably stiff, and usually bent, from adhesion of the integuments to the sheath of the tendons, and of the tendons to the inside of the sheath, while in the state of flexion. If the inflammation is very intense, the tendons die and protrude through the natural or artificial opening that has let out the matter, and throw off greyish white sloughs; where a portion of the flexor profundus is totally destroyed, the finger may be quite straight, being kept so by the extensor tendon. Such is the case in the man now in the house, who came to the hospital after having suffered from whitlow six weeks. I took away a dead portion of the flexor tendon, one and a-half inch long, from the sheath. I am going to remove his finger, as he presents a further step in the disease, viz., the periosteum is stripped from the bone of the first phalanx by effusion of pus, and the bone is killed.

The death of the bone is most common in the last phalanx, particularly of the thumb. In such a case you will find, though the matter has been let out by a free opening, the disease lingers, the part continues red and swollen, the opening discharges abundance of thin matter, and has large flabby granulations around it, and if you feel the end of the finger, there is a pseudo-fluctuating feel, as if it was extensively undermined; a probe passed in removes every doubt by grating against the rough bone. It is best not to wait till it separates of itself, but enlarge the opening, and seizing the dead bone with a forceps, divide any ligamentous connexions at the joint, while any are on the stretch. The parts soon heal, the finger shortened, bent forward, and clubbed at the end, the nail irregular, but still a useful finger. In one of the coachmen in Mr. Champion's establishment, in whom the disease had been very violent for three months before I saw him, I found through a long side incision, which had been made by a surgeon, the first and second phalanges dead and bare of periosteum, and the third projected through a sloughy opening at the end of the finger; though the bone was dead, the soft parts were alive. In other cases both mortify, and the whole or part of the finger becomes cold, black, and shrivelled, as in Phelan's case, and also in a woman in Mr. Adam's ward, now in the hospital. Last season I had to remove a finger, for this cause, from a woman in whom it had mortified a few days after the disease began. Indeed, I have had to perform the same operation frequently, the cases being those in which the inflammation had been most acute, and the early treatment neglected. The excessive and rapid effusion into the sheath, and the attendant sudden swelling before the parts can accommodate themselves to it, seems to produce a strangulation, the circulation is arrested in the vessels, and the parts die.

The fever, in deep-seated whitlow, often runs high, and I have known delirium at night, but I have never met with a fatal termination except in one case, a man who crushed his thumb while intoxicated; deep-

seated paronychia followed, inflammation of the veins up the arm, and death.

On looking over the notes of many cases, I find the most frequent seat of deep-seated whitlows to be the middle finger, next the ring, and then the index finger, all before the thumb. This agrees with Boyer's experience; it differs from what we perceive in the superficial paronychia, in which the index finger and the thumb are so much the oftenest affected, and at their extremities. The part of the finger in the deep-seated paronychia most commonly engaged is the sheath of the flexor tendon over the first phalanx; this sheath is not only the longest, but the strongest and most complete. Men are more frequently affected than women, and the disease is most prevalent in winter. A few cases, when suppuration was threatened, subside and terminate by resolution. The majority run rapidly into suppuration, which is more or less extensive, according to the intensity of the inflammation. Such is an outline of the symptoms and pathology of deep-seated whitlow. You see that it is an inflammation of the inside of the sheath of the tendons, that nature makes vain efforts to get out the matter confined in the strong fibrous envelope; you have witnessed the disastrous effects of the unrelieved diseased action, the periosteum, the tendon, the bone, all at last engaged, and the finger, or even the hand, permanently injured or even lost. You will at once naturally arrive at the conclusion, that a free incision into the sheath, early performed, is the only treatment. Yet how is it that so many cases come to the hospital, where this has never been done, and all the destructive consequences allowed without an incision ever having been made.

I believe it arises from timidity, a fear of wounding blood-vessels, particularly when the disease approaches the palm; there the palmar arch becomes a kind of bugbear. Some years ago, I made careful dissections of the hand, with a view of furnishing myself with precise rules for incisions in deep-seated whitlows. Permit me to call your attention to a few practical conclusions I arrived at:—

There are two principal wrinkles or lines running across the palm of the hand; one, nearly transverse, corresponds to the joints between the metacarpal bones and first phalanges, and is situated about an inch behind the first transverse lines on the fingers. The second begins from the first, at the articulation of the index phalanx with its corresponding metacarpal bone, and goes in an oblique direction across the palm towards the pisiform bone at the inside of the wrist; *it answers pretty nearly to the course of the ulnar or superficial palmar arch.* These two lines, which are very regular, will be found to serve as excellent guides in making our incisions in paronychia with confidence.

On the fingers there are three bundles of transverse lines; the two from the tip correspond to the articulations, that next the palm does not correspond to any joint, but is situated about the centre of the first phalanx and of the sheath of the flexor tendon.

The palmar fascia goes about as far as the transverse palmar line before it sends off its four processes which go between the fingers, and are attached to their sides along with the tendinous insertions of the extensor muscles and the lumbricales.

The web between the fingers contains the digital artery from the

palmar arch and its division, and is filled up with loose cellular tissue allowing matter easily to go from the palm to the back of the hand. As the superficial palmar arch, the only one likely to be wounded, corresponds to the oblique line which is behind the transverse line, the distance increasing as it approaches the inside of the wrist, you can, in all the fingers, *safely* make your incisions as far as the transverse line; nay, in all fingers but the middle, you can cut beyond this as far as the centre of the hand, and in the index finger even further. But it is worse than useless ever to carry your incision from the finger further than the transverse line, so as to endanger the arterial arch at all, as after going so far it is quite sufficient to pass a director under the palmar fascia, which alone confines the matter, if it has gone into the hand. On the director, you could, if desirable, cut out through the fascia and even the annular ligament. Whereas if you cut down without a director to the palm, through all the parts to the bone (which in the palm is unnecessary, as there is nothing below the palmar fascia or annular ligament to confine matter), you could scarcely avoid wounding the arteries or large nerves. In the same way in the fingers after the sheaths of the tendons are divided, nothing remains to confine matter. These sheaths extend from the tip of the fingers to the transverse palmar line or metacarpal phalangeal articulation; they are thick and strong between the joints, thin opposite to them; you should avoid over the joints, and confine your incisions to the strong part of the sheaths between them, cutting to the bone if you choose, or what is generally enough, down to the tendon, taking care to open the sheath well, and always keeping in the centre to avoid the digital arteries running along the sides of the fingers. In the thumb it is particularly necessary to observe this last rule, as, otherwise, after cutting beyond the first joints you would be very likely to wound the superficialis volæ.

Bearing these facts in mind, you will have no hesitation in making sufficiently free and deep incisions. I repeat, take care that your cut is long enough to open the sheath freely; a mere deep puncture though it may let out matter, and give ease for the time; but not allowing free vent, will cause the pus to seek another outlet, and much mischief ensue. Three weeks ago, the Rev. Mr. Crampton's coachman came to me, suffering dreadfully from deep-seated whitlow in the sheath of the tendon of the first phalanx of the middle finger of the left hand. I plunged in a sharp, straight bistoury, and laid open, by continuing the incision, at least one-half of the sheath; a quantity of thick matter gushed out, and he never had any more trouble from the finger. You are not always so successful; in spite of free incisions the diseased action is not stopped. In such cases, though there is at first much relief, the unpleasant sensations return, the next night the patient will be kept awake by deep-seated throbbing pain, and you may be sure that the matter is working its way out in some other direction, and is not getting free exit, and you will probably discover some swollen, tender spot, to repeat your incision. If the disease presents itself in a more advanced and aggravated form, not only engaging the finger, but extending to the palm, back of the hand, or even the wrist, which last is very rare, you will have to follow the matter, regulating your incisions by the rules I have mentioned to you. Some authors have made a separate division of paronychia, which they

name paronychia periostei, from supposing the disease in this form to commence in the periosteum covering part of the phalanges, with suppuration between the periosteum and bone, death of the bone, &c. I regard the affection of the periosteum rather as a secondary effect of the deep-seated paronychia, whose seat we have seen to be the sheaths of the tendons, but when neglected, to engage finally, all the tissues, the periosteum among the rest, and the bone. When the first or second phalanges are stripped of periosteum, and dead it is best to remove the whole finger at the metacarpal articulation, as I am going to do with the man in the house, who has only the first phalanx bare and dead. If it is the last phalanx, it cannot be removed alone, and as I have already said, a useful finger will remain after the opening is healed.—*Dublin Hospital Gazette.*

THERAPEUTICAL RECORD.

(From Virginia Med. and Surg. Jour.)

Cancer.—Dr. Gillespie, before the Medico-Chirurgical Society of Edinburgh, recommends in the highest terms the employment of chloride of zinc as a caustic, and reports a case of cancroid ulcer of the calcaneum treated with success by its use. The chloride of zinc is becoming a favorite with the American profession. It is always thorough, and easily kept under command.

Cholera—New Remedy!—Dr. Ottingen of Munich, who has been lately elected "Councillor Royal" on account of the services rendered by him during the late epidemic in Bavaria, considers that cholera is "a morbid affection of the sympathetic nerve," which terminates in paresis or paralysis of the vaso-motor nerves. In consequence of a morbidly increased exosmotic process, the serum of the blood exudes into the intestinal canal, occasioning desquamation of the intestinal epithelium. The following remedy he proposes as a stimulant to the vaso motor nervous system. R. *Valerianate ammonia ℈j aq. dist. ʒiij ; syr. simpl. ʒss.* A table spoonful to be administered every quarter or half hour. He uses frictions with *ice* or Burgundy vinegar, followed by constant rubbing with hot flannels, drinks of ice water or claret, and ice pills.

Cholera—The Piratical Specific!—"A new and infallible mode of treatment for the Asiatic Cholera," is published in London by Dr. F. Wilson of Mauritius, (which agrees very well with the fact that one tenth of the population of that island died with the late epidemic.)

The Piratical specific is cajeput oil. Dr. Wilson was captured by some Malay pirates in the Moluccas, who communicated to him this wondrous remedy. In addition to the cajeput oil energetically administered, he uses frictions to the body and limbs.

Epilepsy.—In a communication to the Medical Times and Gazette,

Dr. Sieveking details seven cases of epilepsy treated with the cotyledon umbilicus, and concludes that this medicine seems to possess the power of mitigating this dreadful disease if it is not able to produce a perfect cure. He uses the liq. cotyl. umbil. in drachm doses three times a day, but contends that it is impossible to account for the modus operandi, as its effects on the system are hardly recognizable, though he classes it with digitalis, producing a slighty diuretic and sedative effect.

Gangrene of the Lung.—Dr. Bowditch of the Massachusetts General Hospital reports a case of gangrene of the lung cured under his treatment. The patient came in on November 22d and was discharged December 29th. She had all the symptoms of this usually fatal disease, and was treated with the *liquor soda chlorin.*, in ten drop doses, repeated frequently, and anodyne inhalations; a generous diet being superadded.

Hemorrhoidal Hemorrhage.—M. Trousseau reports in the Gazette des Hôpitaux the favorable results derived from the use of injections of the sulphate of copper in hemorrhages from the rectum, the consequence of piles. After using injections of nitrate of silver without avail, and the vegetable astringents having been unsuccessful, M. Trousseau recommended an injection of the Sulph. Cupri to be used daily.—The hemorrhage was relieved in eight days.

Hooping Cough.—Thirty-three cases of hooping cough, treated by the application of the nitrate of silver to the larynx and pharynx, are record, ed by Dr. Eben Watson of Glasgow. Dr. Watson obtained the following results—cured in a fortnight, 10; three weeks, 16; in four weeks-5; resisted the treatment, 1; died, 1.

Irritable Stomach in Phthisis.—Dr. Peacock's remedy for this complication which prevents the administration of cod liver oil, is a mixture of hydrocyanic acid 3 minims, and 10 grains of the tris nitrate of bismuth in a draught with mint water, to be taken thrice daily. The prescription has often been found efficacious.

Neuralgia.—An ointment of two grains of aconitine to the ounce of lard, has been employed by Mr. Hilton of Guy's Hospital, to alleviate the pain of this affection. One of those distressing cases of neuralgia following after amputation, was much benefitted by this ointment. Its great power should always be remembered in advising its use, and the patient cautioned as to the danger of venturing beyond his directions.

Podagra.—This disease, though not so frequent amongst us as with our porter drinking brothers of old England, is still not so rare as to be passed by unnoticed. Dr. Pritchard of the Royal Navy, has used the Piper Metnysticum in obstinate cases of podagra with marked success. The remedy has been but lately introduced to the profession and deserves some attention.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

HOSPITALS FOR THE INSANE.

For many years the idea has prevailed that insanity is essentially a disease of the mind—the *anima*—that spiritual essence which is so mysteriously united with the material organization of man. In former ages, and, indeed, in later times, it has been looked upon as a manifestation of Divine vengeance, or the result of satanic machinations. The bearing which these erroneous views have had on the treatment of the lunatic, has been of the most unfortunate and mischievous character. To one holding the opinion of a diseased immaterial principle, all medication with the view of restoring the unfortunate subject of insanity to a sound and healthful mental condition, is preposterous in the extreme. "Who can minister to a mind diseased?" What article or articles in the whole range of the materia medica can restore the balance of an aberrant intellect? are questions which immediately rise to the lips of those who take, what has been termed, the metaphysical view of insanity. To the prevalence of such views are to be attributed, in a great measure, the harsh treatment to which these unfortunate beings were subjected, and their incarceration in dismal, prison-like buildings, from which they never emerged until life became extinct. Now, however, eminent physicians and psychologists look upon insanity as a curable disease; one, moreover, depending upon some change which has taken place in the structure of the organ through which the mind manifests itself. These structural lesions in the brain are not always, or frequently discoverable. The scalpel and the microscope may fail to detect them; but the enlightened physiologist and anatomist will redily admit, that alterations might exist in the minute structure of the encephalon, sufficient to produce disordered mental phenomena, which would be inappreciable to our senses, even with the aid of such artificial means as are, at present, at our command. "An error of some magnitude," says Dr. Forbes Winslow, one of the greatest living authorities on insanity, "has been committed by those who consider insanity to be a special, uniform, specific, and peculiar malady, justifying us in placing those so afflicted out of the ordinary nosological scale and sphere of medical practice. Again, it is necessary that we should, before being able to appreciate the effect of medical treatment, entertain just and enlightened views as to the *curability of insanity*. I now speak from a somewhat enlarged experience, from much anxious consideration of the

matter, and I have no hesitation in affirming that, if brought within the sphere of medical treatment in the earlier stages, unless the result of severe physical injury to the head, or connected with a peculiar conformation of the chest and cranium, and an hereditary diathesis, *is as easily curable* as any other form of bodily disease for the treatment of which we apply the resources of our art * * * * * * * * The existence of so vast an amount of incurable insanity within the wards of our national and private asylums, is a fact pregnant with important truths. In the history of these unhappy persons—these lost and ruined minds, we read, in many cases, recorded the sad, melancholy, and often lamentable results of either a total neglect of all efficient curative treatment at a period when it might have arrested the onward advance of the cerebral mischief and maintained reason upon her seat; or of the use of injudicious and unjustifiable measures of treatment under mistaken notions of the nature and pathology of the disease." We see it, he further observes, "influencing the conduct of County Magistrates in the architectural proportions, medical organization, and general arrangements of our great national asylums. We also perceive the consequence of the error operating in many of the private institutions for the treatment of the insane, thereby degrading them into places of detention, instead of conferring upon them the character of hospitals for the cure of the insane."

We have been led to pen these remarks from having read that portion of the Mayor's inaugural address, in which he adverts to the urgent necessity which exists for providing additional accommodation for the insane of the Province. This is a subject which we have repeatedly brought before our readers and the public, during the last two years; and to the Chronicle is undoubtly due the credit of having aroused the attention of authorities, even higher than our worthy Mayor, to the utterly inadequate provision which has hitherto been made for our lunatic population. "An Asylum for the Insane," says Dr. Nelson, "cannot any longer be dispensed with, as there are scores of lunatics confined in our already thronged jail, besides numbers in the Grey Nunnery, and at *La Providence*, and there are still many in private houses, who cannot be transferred to the Beauport Asylum, the accommodation in that establishment being insufficient even for the number of its present occupants. In connection with this matter I am happy to say, that a building in excellent order and every way suited for that purpose can be readily obtained from the military authorities, at little cost, and that is the Military Prison now vacated at Hochelaga." Sorry are we to differ from his Worship, but differ we must *in toto*. The Hochelaga prison, or any other building erected for the purposes of a prison, *is in no way suited for*

an Asylum for the insane; and a moderate cost ought not for a moment to be taken into consideration where such important issues as confirmed insanity or restored reason depend so much upon the architectural arrangements of the establishments in which we place our lunatics. What! shall Canada revert back to dismal buildings, iron-barred windows, solitary confinement, strait-jacket and chairs of restraint, when philanthropists of other countries, in and out of the medical profession, are earnestly endeavouring to improve the construction and arrangement of Asylums, with a view to the more proper and successful treatment of the insane? Perish the thought! Let us have, if we have them at all, institutions of which the country may be proud, institutions containing all the most recent and desirable improvements introduced into the modern asylums of Europe and the United States. Insanity is a disease, and one amenable to treatment. It is neither an incurable malady, a visitation of divine wrath, nor an evidence of demoniacal possession; therefore, WE WANT HOSPITALS FOR THE CURE—NOT PRISONS FOR THE DETENTION OF THE INSANE.

Necroscopic examination of Poole.—The following post-mortem, which we copy from the New York *Tribune*, of March 10th, will be found to be deeply interesting pathologically and in a medico-legal point of view. The examination was held on the body of Poole the prize-fighter, who was recently murdered in New York, by Morrisey, another prize-fighter, and his faction:—

A post-mortem examination was made on Wednesday by Dr. Finnell, in connection with Dr. Carnochan, Putman, Cheeseman, Hart, Wood, and others. They found two wounds on the surface of the body—one in the lower and outer portion of the thigh, the other in the chest. The one in the thigh had two openings about an inch apart, and measuring a quarter of an inch in diameter. It passed through just beneath the skin without touching the muscle of the leg. The ball in the chest entered the sternum, just at its junction with the cartilage of the fifth rib, passing through the bone and pericardium into the substance of the heart, where it was found. On raising the breast-bone and exposing the pericardium, it was found very much distended, measuring five inches in its transverse diameter, and six in its vertical. It contained about thirty ounces of a sero-sanguineous fluid. The external surface of the heart was covered with fibrinous exudation, the recent product of inflammation. The heart was washed and laid aside with no suspicion that the ball was lodged in it until after nearly two hours search in the cavity of the chest, and especially along the side of the spine. At last the heart was very carefully felt over, and the bullet was found imbedded in the muscular texture. On making an incision it was exposed. Its lodgement was in the septum, between the ventricles, about an inch and a

half from the apex of the heart, and a quarter of an inch from its surface. The muscular substance had united over the ball and healed so far that the point of entrance was obliterated. He lived for twelve days without any palpitation, or any fainting or syncope such as is usually experienced in a morbid condition of the heart. Its action was perfectly regular. There is no question but that, under favorable circumstances, he might have recovered, and experienced little, if any, inconvenience from the ball. For four or five days after he was shot, he was quite strong. A story goes that a man came to see him with whom he had had some difficulty, and asked him how he was getting along, whereupon he jumped out of bed and said: "I a'n't dead yet; I am well enough to flog you yet." He died from effusion in the pericardium, stopping the action of the heart. It is probable that, on Wednesday night, the effusion began to come on, and it rapidly increased. At 9 o'clock on Thursday morning it suddenly increased, and he sunk immediately. The lungs were pale and œdematous. The liver, kidneys, stomach, and other organs presented an unusually fine view of organs in a sound condition. The whole body was a most perfect specimen of fine muscular development; even to the ends of his toes the muscles were remarkably developed.

Reports of Hospitals for the Insane.—We have received the annual report for the year 1854, of two excellent American Hospitals for the Insane—that of the Pennsylvania Hospital, which is under the medical supervision of Dr. Kirkbride, and that of the Butler Hospital, of which Dr. Ray is superintendent. The total number of patients in the former during the year, was 413. The highest number at any one time was 239; the lowest was 220; and the average number under treatment during the whole period was 229. Of the patients discharged during the year there were cured 98; much improved 32; improved 19; stationary 15, died 26. There were admitted into the latter institution, during the year ending 31st of December, eighty—thirty-one males and forty-nine females—making two hundred and sixteen under care in the course of the year. There were discharged eighty-five—forty males and forty-five females, leaving one hundred and thirty-one—fifty-four males and seventy-seven females. Of those discharged, forty had recovered; twenty were improved; six were unimproved; and nineteen died.

Honorary Degree.—We copy the following from the Philadelphia Enquirer. Kindly and honorable feelings towards each other, ought to subsist among members of a liberal profession. This, unfortunately, is not the rule:—"At the Commencement of the Jefferson Medical Col-

lege, held on the 10th inst., the Honorary Degree of LL.D. was conferred upon the Hon. Chief Justice Lewis. From the fact that Judge Lewis is President of the Faculty and Board of Corporators of the Philadelphia College of Medicine, it may be regarded as significant of the appreciation entertained by the former of its young and vigorous competitor. It also presents a cheering assurance of the kindly and cordial feelings subsisting between the members of the medical institutions of our city.

Transactions of the New Hampshire Medical Society.—The bulk of the pamphlet containing the Transactions of the Society consists of the Annual Address, "Conservatism in Medicine," delivered by the President, Dr. Albert Smith; "The Poetry of the Medical Profession," an oration pronounced by Dr. MacFarland; and "A Dissertation," read by Dr. William H. Mason. Three very excellent and creditable productions.

THE PATHOLOGY OF PERTUSSIS.

(*To the Editors of the Medical Chronicle*)

GENTLEMEN,—In the review of hooping-cough, in your December No., you appear to be in error in regard to the views which I entertain of the pathology of the disease, a matter which has occupied my most careful attention and study for very many years, and which I am anxious to set aright before your readers. You say, "that although we cannot altogether agree with the doctor, or with his quoted authority Dr. Alderson, in considering the disease to consist *of dilatation of the tubes and air cells of the bronchi*, &c." Now this is far, very far indeed, from the true pathology of the disease; this condition is a pathological manifestation, found as a consequeuce of an accompanying bronchitis or pneumonia, and is not given by Dr. Alderson or myself as the pathology of pertussis at all; such condition has been denied existence altogether as a result of either pertussis or its complications, and meets with consideration in its proper place.

My own views of the pathology, which, so far, have been well received by the profession in this country, and which are founded upon truly rational grounds, are given at pages 210 and 211 of my book, and are comprised in eight declarations, which perhaps would be too long for your columns; but to sum them up in a few words:—the disease

consists of toxication of the blood, producing irritation of the nerves supplying the bronchial mucous membrane, with vascularity and secretion of mucus; this is followed by reflex action of the pneumogastric and respiratory nerves, and congestion of the vessels of the medulla oblongata, and pia mater surrounding it, and also at the origins of its nerves. These produce spasmodic contraction of the circular and longitudinal muscular fibres of the bronchi, as shown by the paroxysms and hoop the result of which, is frequent and rapid respiration to account for its temporary absence, thus producing a highly oxygenated or super-oxidized state of the blood, with a tendency to the formation of fibrinous concretions in the heart during the spasms. As a secondary result of the spasmodic muscular contraction of the bronchi, we have a temporary hypertrophy of the muscular fibres thus acted upon, which disappears again after the cure is established.

These conditions are strictly in accordance with what are found after death in the simple and uncomplicated form of the disease, a condition to be met with only when the child is suffocated from the excessive paroxysms.

Of all the diseases which have ever been written upon, Hooping-Cough is one which cannot be considered without a reference to many authorities, in proof of which I need only refer to the German, and our very few English writers, as examples. My own book contains some few chapters specially devoted to the views of others, but to say the whole work is a series of quotations is utterly untrue, and can be disproved by any body who will take the trouble to carefully go over it.

Trusting to your impartiality for an insertion of this letter, I am, gentlemen,

Your obedient servant,

GEORGE D. GIBB, M.D.

59, Guildford Street, London, 2nd Feb., 1855.

BOOKS RECEIVED FOR REVIEW.

Green on Injection of the Bronchial Tubes and Tubercular cavities of the Lungs.

Report of the Pennsylvanian Hospital for the Insane.

Nineteenth Annual Report of the Managers of the New York Hospital for the Blind.

Dr. John H. Griscom's Anniversary Discourse delivered before the New York Academy of Medicine.

Hon. Dr. Rolph's Address to the Students of Victoria College.

Error of Position, by Professor Milo.

Letters and Reviews of Professor Eve, by Dr. R. W. January.

Catalogue of the Faculty and Students of the Medical College of the State of S. C.

Annual Report of the Post-Master General, for the year ending 31st March, 1854.

Parliamentary Papers from the Office of Routine and Records.

CORRESPONDENCE.

LONDON CORRESPONDENCE NO. 5.

London, 9th February, 1855.

Excessive professional occupation, both public and private, together with engagements of a literary and scientific nature, have prevented my writing sooner as intended, but I will make up for this by sending my sixth letter the beginning of next month for your April number.

So exciting is the, at present, all absorbing subject of the war, that almost everything else merges some way or other towards this all-engrossing one. There has been a great demand for assistant surgeons in the army, for service in the East, which, so far, has been fully met without much trouble, and never, perhaps, were their services more required than at the present moment, not so much for operations in the field as for the diseases incident to the nature of the climate, horrible exposure, nakedness, and short allowances of food; mostly all brought on from the want of some great head to direct and govern the intricate and various machinery indispensibly connected with our army as a whole. The most horrible and heart-rending accounts constantly appear of the sufferings of the soldiers in the Crimea, and when medical aid might be judiciously given, the unfortunate medical officers are without drugs to arrest a diarrhœa or to sooth a pain, all being at the bottom of some ship at Balaklava, beneath shot and shell. More men have, therefore, been lost from disease, than all our killed and wounded put together. It appears to be the general opinion that unless something is done very soon, there will be no British army existing; the contrast is a most painful one with our gallant neighbors, the French, who, although they have their casualities by death and disease, are well clad, and, to some extent, well housed, and they regret most deeply the sad condition of their brave allies, who they confess are all being sacrificed to routine. The consequence of this state of things has been the downfall of the present

ministry, and let us hope that some change for the better will shortly take place. On no occasion has medical aid been so much required and, perhaps, valued as during the present war, and no doubt, hereafter, the military surgeon will be thought more of, and placed in a better position than has been his customary lot. Within the last few days, news, a little more satisfactory, have been received of the condition of the troops, more especially in regard to the long-expected winter clothing, the sickness is a little on the decrease also, but the number already ill is positively frightful, and without the means of relief being at hand large numbers are necessarily sacrificed. I hope most fervently to be enabled to communicate tidings less gloomy in my next letter, but the feeling prevalent throughout the British Empire for the fate of its army has been one of universal despondency, which will require almost superhuman efforts to dispel, and which, perhaps, the fall of Sebastopol alone, at whatever sacrifice, may be the holocaust to assauge wounded feelings.

Triangular Calculi.—In my last letter I brought under the notice of your readers the particulars of an operation of Lithotomy, where a *flat* calculus was removed. As a contrast, I subjoin the following case from the *Bulletin Academie Imperiale*, of 15th July, in which a very unusual form was assumed, as well as an unusual number of calculi were present, thus deserving special attention. The case was reported to the Academy of Medicine, and was that of a man who had suffered from an acute articular Rheumatism, which was followed by inflammation of both the endocardium and pericardium, terminating ultimately in death. Besides the results of the inflammation of these membranes, the bladder was found to be thickened and contracted, and a secondary pouch at the base of its fundus contained five calculi, triangular in form, of equal dimensions, weight, colour, and composition, and disposed *en rosace*. The nucleus in all was uric acid, with layers of urate of lime, phosphate of lime with ammoniaco magnesian phosphate, and carbonate of lime.

Since my last I have witnessed a great many operations, but I can only describe two or three, reserving a future occasion for a useful summary of some of the more interesting.

Malignant Tumour of the Face.—A man, aged 67, who had a tumour twice removed before from the right side of the face, was admitted into University College Hospital, under Mr. Erichsen's care, with a third tumour the size of an orange, situated over the right cheek, and involving portions of the upper and lower lips, its angle being implicated. The tumour was decidedly of a malignant character, and its removal was consented to, to permit of the poor man having a little comfort of his existence for some time longer, but its recurrence was to be expected. The patient was brought into the operating theatre on the 1st Novem-

ber, and was given chloroform to inhale upon a handkerchief, but he was not completely put under its influence, and the operation for removal was commenced. An incision was made so as completely to circumscribe the diseased mass, including fully the right half of the upper lip and three quarters of the lower, with the whole of the cheek properly so called; this isolated the tumor, which was detached very easily with the diseased integuments. The wound left was a most frightful one to behold, the large hollow of the exposed mouth being filled rapidly and constantly for some time from severe hemorrhage, which several times nearly choked the unfortunate man. Several vessels required tying, and took a very long time indeed to perform. The upper and lower portions of the cheek were brought together by means of needles and twisted sutures, followed by attaching the cut surface of the lower lip to the termination of the two former and chin together, and lastly the upper lip and upper margin of the cut cheek were brought together in the same manner and retained by similar sutures. This manipulation occupied a long time, and if the structures had not yielded in bringing the cut edges together, so as to avoid much deformity, Mr. E. was prepared to detach the skin from the chin and neck, and to have covered the frightful wound by a rhinoplastic operation. On removing the man, the deformity, after the operation, appeared not so bad as might at first have been expected.

A section of the tumour was made, and pronounced to be scirrhus, which a microscopic examination subsequently confirmed; there had been no doubt, however, as to its malignancy. The healing of the structures thus brought together went on most rapidly and satisfactorily, and in a very few weeks after were perfectly healed, the deformity being comparatively trifling, very much less so than could have been anticipated, thus permitting of his discharge quite well. Now, the question here arises whether in recurring malignant disease, which of itself will wear the patient out and kill him, the surgeon is not justified in removing it with the knife, and thus prolong life? The answer will most surely be in the affirmative. This poor man has been a dreadful sufferer each time from the disease, but gets comparative comfort of his life, most certainly for a period longer by the operation; and the only difficulty presented by each later operation is to find material to supply the waste of the disease.

Strangulated direct Inguinal Hernia.—An old man, upwards of 73 years of age, was brought into University College Hospital on the 10th January, from the Islington Workhouse, with a strangulated inguinal hernia of the left side. The taxis had been tried previous to his admission by the surgeon of the workhouse, but without effect. The patient

was much prostrated and very weak, the circulation, as shown by the pulse at the wrist, was very feeble, he was, moreover, incoherent in his manner and speech; under these circumstances, when brought into the theatre for operation, chloroform could not be administered. Mr. Erichsen had previously tried the taxis when the patient was in the ward, but ineffectually, and from the low state of the patient, he could not employ any of the ordinary means, such as tartar emetic, the warm bath, &c., to assist in the reduction. From the nature of the tumour also, in its feeling very soft, without much pain, the presence of hiccup and stercaracious vomiting, he did not augur very favorably as to the result of the operation, as he suspected the bowel might be in a gangrenous condition. The operation was performed in the usual manner, and the sac was opened, from which protruded a dark claret portion of small intestine, together with omentum to the size of the fist; the stricture was divided, and as the bowel appeared to be otherwise intact, it was carefully returned, the omentum, however, was only partially replaced, as a portion of it was adherent to the cord, the testicle and the tunica vaginalis, it was, however, quite healthy; a few stitches were put into the lips of the wound, and a figure of eight bandage applied. In his remarks upon the case, Mr. Erichsen mentioned that the portion of omentum which remained in the inguinal canal would act the part of a plug, and thus, in the event of recovery, permanently cure the hernia; he, however, thought the prognosis serious, from the age of the man, together with the amount of prostration present. The hernia, he observed, was neither at the internal nor external ring, but had been protruded between the two, through the conjoined tendon, thus forming a direct inguinal hernia; the structures divided were exceedingly thin, and in dividing them in succession he very speedily came to the sac, this might be owing in some measure to his having long worn a truss. As expected, death occurred on 12th, when at the autopsy, a large portion of small intestine was found in the left iliac fossa, of a dark slate color, in a gangrenous condition and agglutinated together from inflammation.

G.

Pil. Ferri Comp. P.L.—This preparation, consisting of pulv. myrrhæ, sulph ferri, carb. soda and syrup, is often prescribed by itself, and in combination with other pill mass. Owing to the decomposition which takes place between the salts of which it is composed; it is one of the most intractable and inconvenient preparations of the pharmacopœa. If prepared for the occasion, as it ought always to be, a perfect decomposition of the salts often does not take place till after the pills are formed either increasing them to a large size or reducing them to powder. If the mass is kept by the apothecary for any length of time, it becomes hard and changed in character, possessing no advantage over the common carb. ferri. The following will be found a good substitute without any of the objections which apply to pil ferri co.,—℞ Gum myrrh pulv. ʒi.; Sacc. carb. ferri, ʒij.; confect. rosar. ʒi.; ol caryoph. gtt. ii., *m* ft. massam. In pillulæ dividenda, No. xlviii.—S. J. L.

EXAMINATION FOR M.D. McGILL COLLEGE, Session 1853-54.

Materia Medica—Examiner, Dr. Hall.

1. What are the different varieties of camphor?
2. Where is it obtained?
3. From what is it obtained?
4. In what condition does it exist in the tree?
5. How is it separated?
6. In which of the varieties does it exist in solid masses?
7. How are these sought for, and separated?
8. What *is* camphor?
9. What is its action on the system?
10. What is its dose?
11. In what proportion is it soluble in water?
12. What is it aqueous solution called?
13. Is it soluble in alcohol?
14. What is this solution called?
15. What is the strength of camphorated spirit?
16. How may artificial camphor be made?
17. What volatile oils are used in medicine?
18. For what purposes are they generally used?
19. What are the characters of volatile oils?
20. Are fixed oils soluble in alcohol?
21. What are the exceptions to this rule?
22. What natural family of plants is remarkable for containing a large quantity of volatile oil?
23. Mention some of the plants belonging to the family Labiatæ?
24. Are cloves derived from this family?
25. From what are they obtained?
26. From what part of the world are they brought?
27. What part of the plant is the clove?
28. How can good cloves be distinguished?
29. What effects would be produced by swallowing two ounces of oil of cloves?
30. What treatment would be required in such a case?
31. Would you think purgatives beneficial?
32. Why not?
33. Of what officinal preparation does oil of cloves form an essential ingredient?
34. What is its use in that preparation?
35. What are the other ingredients of the compound colocynth pill?
36. What is colocynth?
37. To what natural family does the plant belong?
38. What is the action of colocynth on the system?
39. To what class of cathartics does it belong?
40. What is its dose?
41. What is its active principle?
42. On which of the coats of the intestine does it act?
43. What are the preparations of colocynth?
44. What is scammony?
45. Is it a gum, a resin, or a gum resin?
46. How may good scammony be known?
47. What is its dose?
48. How many kinds of aloes are there?
49. Which of these is the best?
50. Whence is socotrine aloes obtained?
51. How can it be distinguished from the other varieties?
52. What is the colour of its powder?
53. What are the preparations of aloes?
54. On what part of the alimentary canal does aloes act?

55 On what does this peculiarity depend?
56 By what means can aloes by rendered more soluble?
57 Would you give aloes in a case of hæmorrhoids?
58 Why not?
59 What are hæmorrhoids?
60 What would be produced by the action of nitric acid on aloes?
61 How were purgatives formerly divided?
62 What was a purgative called which operated upon the whole length of the alimentary canal?
63 Of what general plan of treatment does purgation form an important part?
64 In what diseases, then, will purgatives be particularly useful?
65 In what way do purgatives prove useful in inflammation?

Institutes of Medicine—Examiner, Dr. FRASER.

1 What is Cuvier's division of the animal kingdom?
2 Describe the nervous system of the Radiata.
3 Point out the analogy between this and the nervous system of man.
4 Describe the nervous system of the Mollusca.
5 Point out the analogy as before.
6 Describe the nervous system of the Articulata, and also point out the analogy.
7 If the nervous systems of the Mollusca and the Articulata were conjoined, what would still be wanting to make up the nervous system of man?
8 What is meant by a nervous centre?
9 What are the nervous centres in man?
10 What are the functions of nervous centres?
11 Describe the anatomy of the spinal cord.
12 How do its nerves arise?
13 Which of the roots is continuous with the grey matter of the cord?
14 What other peculiarity has the posterior root?
15 How many spinal nerves are there?
16 What are the theories regarding the central terminations of the spinal nerves?
17 Which of these theories is supposed to be the correct one?
18 What is the proof that some of the nerves terminate in the cord?
19 What is the proof that some are continued on to the brain?
20 What, then, are the functions of the spinal cord?
21 What is the usual stimulus by which the muscles are called into action?
22 What functions are especially under the control of the spinal system?
23 What is the structure of a nervous centre?
24 What is the shape of the nerve vesicles?
25 How many kinds of nerve fibres are there?
26 Describe each variety.
27 In what do they essentially differ?
28 Of what is the axis cylinder supposed to consist?
29 Of what, the white substance of Schwann?
30 What is the use of the latter?
31 Do bloodvessels enter the neurilemma?
32 Describe the different central terminations of nerves.
33 Describe their peripheral terminations.

Anatomy—Examiner, Dr. BRUNEAU.

1 What are the different tunics of the eye-ball?
2 What is the structure of the Sclerotic?
3 Of the Choroid?
4 Of the Retina?
5 What is the shape of the Cornea?
6 What are its layers?
7 What are the humours of the eye?
8 What are the limits of the aqueous humour?
9 How is it divided?
10 What is the origin of the optic nerve?
11 What name is given to the junction of the two nerves?
12 What is that portion called which is situated between the origin of the nerve and the commissure?
13 How are the fibres distributed within the commissure?
14 How do the optic nerves pass into the orbit?
15 Is there anything peculiar about the sheath of dura mater which surrounds the optic nerves?
16 Does the nerve enter the central axis of the globe of the eye?
17 How does it pierce the sclerotic?
18 Describe the superior oblique muscle of the eye.
19 Describe the inferior oblique.
20 What muscles are supplied by the third nerve?
21 What nerve supplies the external rectus?
22 What nerve supplies the superior oblique?
23 Where does the fourth nerve arise?
24 What is peculiar about it?
25 Where does the fifth nerve arise?
26 How far can this tract be traced?
27 What is peculiar about the posterior root?
28 Describe the course of the nerve.
29 What is the shape of the Casseriau ganglion?
30 How does it divide?
31 What course does the ophthalmic take?
32 Which of the branches passes between the heads of the external rectus?
33 Describe the lachrymal branch.
34 With what nerves do the terminal filaments communicate?
35 Describe the course of the superior maxillary nerve.
36 What are its branches in the spheno-maxillary fossa?
37 In the infra-orbital canal?
38 On the face?
39 With what branches do they communicate?
40 Describe the femoral artery.
41 By what is it covered superiorly?
42 By what inferiorly?
43 What branches does it give off at its upper part?
44 Of what artery is the deep epigastric a branch?
45 Describe its course.
46 What is its relation to the internal abdominal ring?
48 Where is the profunda given off?
48 What are its branches?
49 What muscles form the fibrous sheath for the femoral artery?
50 What branch is given off in this sheath?
51 Describe the rectus femoris muscle.
52 What other muscles are inserted into the patella?
53 What kind of a bone is the patella?
54 Where are those muscles inserted in the fœtus?

Surgery—Examiner, Dr. CAMPBELL.

1 What kind of an articulation is the knee joint?
2 Is it frequently dislocated?
3 What are its dislocations?
4 Are they generally complete or partial?
5 To what does this joint owe its great strength?
6 Which of its ligaments are most powerful in preventing dislocation?
7 What kind of an articulation is the hip joint?
8 Describe its ligaments.
9 What are its dislocations?
10 What are the symptoms of dislocation upon the dorsum ilii?
11 How do these differ from those of fracture of the neck of the femur?
12 How would you examine for crepitus in a case of suspected fracture?
13 What are symptoms of dislocation into the obturator foramen?
14 What is the essential difference between the symptoms of this dislocation and those of the former.
15 What causes the bending forwards of the body?
16 What is hernia?
17 What is commonly meant by hernia?
18 How is hernia divided?
19 What are the symptoms of reducible inguinal hernia?
20 What is the character of the tumor when it contains omentum
21 What, when it contains intestine
22 How could you distinguish each when returning it?
23 What are the symptoms of strangulated hernia?
24 What name is given to the process of reducing a hernia?
25 What is the common termination of strangulated hernia if unreduced?
26 What is the result when the tumor sloughs?
27 What means should be employed for reducing a strangulated hernia before having recourse to the operation?
28 What are the boundaries of the femoral ring?
29 Where is the stricture situated in femoral hernia?
30 In what direction would you cut in operating?
31 What artery may sometimes come in the way of the knife?
32 From what artery is the obturator generally given off?
33 What other artery frequently gives off the obturator?
34 What courses may it take to reach the obturator foramen?
35 Which of these exposes it to the knife of the operator?
36 How would you avoid wounding it in such a case?
37 What is meant by concussion of the brain?
38 Describe a case of concussion.
39 What should be done in the first stage?
40 Why should the head be shaved
41 What is to be feared in the second stage?
42 What symptoms would indicate excessive reaction or incipient inflammation?
43 What *is* an ulcer?
44 By what is it caused?
45 What always precedes or accompanies it?
46 What is the general division of ulcers?
47 How are those not tending to heal, subdivided?
48 What are the characters of an indolent ulcer?
49 In whom are they generally found?
50 What treatment do they require
51 Is it absolutely necessary that rest be maintained after the

ulcer has been properly strapped?
52 What should be the constitutional treatment?
53 What diet would you recommend?
54 What are the characters of an irritable ulcer?
55 Where are they most frequently situated?
56 Is the pain of these ulcers uniform and constant?
57 How must these ulcers be treated?
58 What lotions may be used to relieve the pain?

Chemistry—Examiner, Dr. SUTHERLAND.

1 What is volatile oil of bitter almonds?
2 By what process is it obtained?
3 Does it exist already formed in the almond kernels?
4 How, then, is it formed?
5 Is it pure when first obtained?
6 What substances does it contain?
7 Does it contain nitrogen?
8 What other proximate principle allied to this, is obtained from the organic kingdom?
9 Does Benzoic acid also contain the radical Benzule?
10 What are the characters of Benzoic acid?
11 From what is it obtained?
12 By what process?
13 In what pharmaceutical preparation is it employed?
14 From what is tarturic acid derived?
15 In what condition is it deposited in the wine casks?
16 What is this deposit called?
17 In what condition does it exist in the grape?
18 Is it deposited from new wine?
19 Why is it deposited after fermentation?
20 Describe the process by which the acid is isolated.
21 What are the products of the destructive distillation of wood?
22 Mention the liquid products.
23 What is pyroligneous acid?
24 For what is it employed?
25 What are the other names for Methylic alcohol?
26 What radical does it contain?
27 Is it susceptible of the same transformations as ordinary alcohol?
28 Mention all that series of radicals.
29 In what does Acetyl differ from Ethyl?
30 Is it a derivative of Ethyl?
31 By what means is it derived?
32 How is alcohol converted into acetic acid?
33 Does the action take place spontaneously?
34 How is it induced?
35 How many equivalents of oxygen, then, does acetic acid contain?
36 How many are contained in alcohol?
37 What is Ethal?
38 From what is it obtained?
39 What radical is contained in it?
40 What is Glycerine?
41 With what is it combined?
42 What are the relative proportions of acid and base.
43 What names are given to these compounds respectively?
44 How may glycerine be separated from the acids?
45 What is this process called?
46 Describe the process for isolating glycerine.
47 What are the elements of fats?
48 Are fats nutritious?
49 Are they sufficient alone to support life?
50 What else is necessary?
51 Is azotized food alone, sufficient to support life?

52 What kind of food contains the largest amount of nitrogen?
53 How comes it that animals can live on vegetables alone?
54 What are the nutritious azotized substances found in vegetables?
55 What it Lactin?
56 What are the other constituents of milk?
57 What causes it to coagulate?
58 Is the lactic acid formed spontaneously?
59 What is this ferment?
60 Describe the process by which lactic acid may be isolated.
61 Is butter similar to the other fats?
62 What are its constituents?
63 What acids does it contain?
64 With what substance are they united as a base?
65 What are the chief salts formed in milk?
66 Does milk contain all the elements necessary for the growth and nutrition of the body?
67 How is this proved?
68 What purposes do the phosphates in milk serve to fulfil?
69 For the nourishment of what tissues are they more particularly essential?
70 In what condition does the phosphorus exist in the tissues?
71 Does it exist in the brain in any other condition than as a constituent of albumen?
72 What are the fatty acids of the brain?
73 From what is strychnia obtained
74 How is it separated?
75 Do you remember any other process?
76 With what acid is it combined?
77 From what is quinine obtained?
78 With what acids is it combined?
79 What other alkaloids are associated with it in Cinchona?
80 What effect has creosote on albumen?
81 In virtue of this property for what purpose is it employed in surgery?
82 What other substances are used as hæmostatics?
83 What is tannin?
84 From what is it obtained?
85 What special character do plants which contain tannin possess?
86 What other substance closely allied to tannin is found in plants?
87 How does Gallic acid differ from tannin?
88 Is tannin soluble in water?
89 What is the action of tannin in the process of tanning leather
90 How is Gallic acid produced from tannin?
91 What other acid is at the same time produced?
92 If a heat of 160° be applied to albumen, what is the result?
93 When albumen has been coagulated, how may it be redissolved?
94 What organic substance has this power?

Medical Jurisprudence—Examiner, Dr. WRIGHT.

1 What are the first symptoms of insanity?
2 Are the habits of the individual always radically changed?
3 Are the moral and intellectual faculties always equally and simultaneously affected?
4 How is intellectual insanity divided?
5 What are the signs of partial intellectual insanity?
6 Is the existence of a delusion always apparent?
7 What are the varieties of partial moral insanity?
8 In which sex is pyromania most frequently found?
9 At what period of life?

10 Are homicidal impulses of frequent occurrence amongt he insane?
11 What is the proportion?
12 In whom is this impulse most often found?
13 What ratio does the frequency of suicidal impulses bear to this?
14 What circumstances would lead you to infer that a murder was the result of a homicidal impulse?
15 In such cases is there generally only one wound, or are there many?
16 Is the impulse preceded or not by premonitory symptoms?
17 What is the condition of the system at the time of the impulse?
18 What disease of the nervous system is frequently co-existent
19 What is the legal test by which insanity is judged to be present or absent?
20 If it can be proved that the person is aware of the distinction between right and wrong, does it follow that he is not insane?
21 What may constitute the insanity in such a case?
22 What is generally the condition of the will in insane persons?
23 Is the inability to distinguish between right and wrong, proof positive of insanity?
24 On what may this inability depend?
25 How would you distinguish a case of real, from one of feigned insanity?
26 Do insane persons sleep much?
27 Are they readily fatigued?
28 How is this power of endurance accounted for?
29 For what purposes might pregnancy be concealed?
30 For what purposes might it be feigned?
31 What are means of calculating the duration of pregnancy?
32 What is commonly considered as the duration of pregnancy?
33 Are nine solar months equal to ten lunar months?
34 By how many days may they differ?
35 Is the period of pregnancy ever prolonged?
36 What was the duration of the longest incontrovertible case on record?
37 What is the earliest period at which a child is supposed to be viable?
38 What is meant by a child's being viable?
39 Is the fœtus supposed to be alive from the time of conception?
40 Does the law make any distinction between procuring abortion before, and after quickening?
41 To constitute the crime of infanticide, is it necessary that the whole of the child be expelled?
42 Is it necessary that it be separated from the mother?
43 How are the signs divided by which we infer that a child has been born alive?
44 What are the signs derivable from the circulatory system?
45 What are the negative signs of the child's having been born alive?
46 What are the signs of intra-uterine maceration?
47 In what does it differ from putrefaction?
48 What are the post mortem proofs of pregnancy?
49 At what period of pregnancy are the characters of the *corpus luteum* most strongly marked?
50 At what period does the corpus luteum cease to afford any indication?
51 What appearance is then found on the surface of the ovarium

52 Where is the *middle point* situated in the fœtus of six months
53 Where, in the adult?
54 How could you distinguish between death caused by the pressure of the umbilical cord round the child's neck, and strangulation by some other means?
55 What would be the condition of the deep structures of the neck in each case?
56 What circumstances independent of pregnancy, may cause enlargement of the uterus?
57 What name is given to a collection of gas in the cavity of the uterus?

Obstetrics—Examiner, Dr. McCulloch.

1 What are the displacements to which the uterus is liable?
2 What treatment is required in a case of relaxation?
3 What, in a case of procidentia?
4 What are the symptoms of retroversion?
5 If retention of urine is complete in a case of retroversion, what treatment must be had recourse to?
6 How would you reduce this displacement?
7 If it cannot be reduced without violence what must be done?
8 At what period of pregnancy does retroversion most frequently occur?
9 At what period can the uterus be felt above the pubes?
10 Where is the fundus uteri situated at the end of the sixth month?
11 In what cases would you think it necessary to use the forceps?
12 If the woman had been long in labour, and the forceps could not be applied, while urgent symptoms were at the same time setting in, what would require to be done?
13 How would you perform craniotomy?
14 What bad effects are to be feared after severe and protracted labours?
15 How are fistulæ after such labours to be treated?
16 How may inversion of the uterus be caused?
17 What would you do in a recent case?
18 If the inversion had remained for several hours, is it probable that reduction would be practicable?
19 What are some of the most fatal puerperal diseases?
20 At what period does puerperal fever usually set in?
21 What are the symptoms of puerperal fever?
22 What is the character of the pain?
23 Is it a contagious disease?

Practice of Physic—Examiner, Dr. Holmes.

1 How are fevers divided?
2 What are the divisions of continued fever?
3 Describe a case of common continued fever?
4 In what parts is pain most particularly complained of?
5 How is such a case to be treated?
6 What is the usual duration of continued fever?
7 What division of fevers has lately been made, based on certain post mortem appearances found in many cases?
8 What lesions are found after death from typhoid fever?
9 What prominent symptom during life do these lesions give rise to?
10 What is the diagnosis between typhus and typhoid fevers?
11 What is generally the appear-

ance of the abdomen in typhoid fever?
12 What is *the cause* of typhus?
13 How is this supported to originate?
14 How do bad ventilation and impure air, promote the accession of typhus?
15 In what way do they prevent the elimination of the waste materials from the system?
16 Is typhoid fever a contagious disease?
17 Describe that condition of the system usually designated typhoid.
18 What is the usual condition of the tongue?
19 What is the treatment necessary in such a state?
20 What complications are apt to arise in a case of fever?
21 How must bronchitis be treated when it occurs in the course of fever?
22 Is general bleeding applicable in such cases?
23 How is affection of the brain indicated?
24 How must it be treated?
25 How is the nervous system frequently affected in severe cases?
26 What remedies are required?
27 What anti-spasmodics would you use?
28 In what doses would you give assafœtida?
29 What remedies could you use which would combine stimulus with an anti-spasmodic action?
30 How is the heart apt to become affected in severe cases of fever?
31 How is softening of the heart known?
32 What indication for treatment does softening afford?
33 How does pericarditis generally come on?
34 What is the character of the pain?
35 What is the condition of the membrane in the first stage?
36 What sound does this give rise to?
37 Is the same sound heard in the next stage?
38 What is then the condition of the membrane?
39 What is the cause of the dyspnœa?
40 What effect does the roughness in the first stage produce upon the reart?
41 What is increased action called?
42 What effect does the effusion produce?

We have been induced to give publicity to the above questions from an oft expressed desire that has come to our ears to know something of the nature of the examination to which candidates for M.D. are subjected by the Medical Faculty of M'Gill College. It is customary in other parts to record the catechetical tests by which students have been tried, and we know of no valid objection to such a procedure. Scarcely a volume of the *London Medical Gazette* or *Lancet* can be taken up without finding mention made of the late examinations undergone at the University of London, or elsewhere, at certain periods. And these expositions are always considered to be highly interesting to readers generally. It is not for us, circumstanced as we are in relation to the University, to make any comment upon the character of the questions, lest, perchance, our observations might be misconstrued into those savoring

of flattery. We may, however, remark in explanation that the examinations are *viva voce*, and conducted alternately by the Professors in pairs, to each of whom is allotted a quarter of an hour for the discussion of his subject. A different set of questions is given to each student. The above were carefully written down, while fresh in the memory, by one of the successful candidates of last term—a gentleman who has already made a favorable appearance in our *Chronicle*.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Case of Fracture of the Spine, with partial dislocation and effusion of blood upon the Spinal Cord.

John Lismore, an Irishman, aged 30, employed as storeman in a wholesale establishment, was admitted about 2 o'clock, P.M., on the 13th of March. He had fallen through a hatchway from the second story into the cellar. The fall was partly broken by his boot being caught in the hook attached to the pulley used for hoisting goods. He could not tell in what position he had fallen, but he thought that he struck his shoulder on the edge of the hatchway in the first story. He was unable to move after the fall, but, though considerably stunned, he soon regained his consciousness. He was seen a few minutes after the accident by a medical man, but no fracture or dislocation of any part was discoverable. He complained chiefly of the right arm and shoulder, and could scarcely bear the slightest manipulation. He was ordered to be immediately removed to the Hospital.

On admission he had all the symptoms of shock; pallor, coldness of the extremities, weak and rapid pulse, &c., &c. There was paralysis of most of the voluntary muscles, but sensation remained tolerably perfect. He could not bear the slightest motion without crying out, and it was with great difficulty he could be undressed and put to bed. He was again carefully examined and nothing abnormal found, with the exception, perhaps, of a slight prominence of the last cervical vertebra, and a very obscure sense of motion, but neither of the signs so well marked as to justify a decided opinion. The case presenting the characters of spinal concussion, rest was simply enjoined, with an anodyne if necessary.

On the 14th he felt better; had slept a good deal during the night, and had regained the use of the inferior extremities, especially of the left leg. He was still incapable of moving his arms. His urine was

voided with difficulty, and in small quantity at a time. A stimulating liniment was ordered to the spine, and the anodyne to be repeated at night.

15th.—Scarcely any change since the previous day. Moves his legs, but still incapable of moving the arms. Pulse slightly accelerated and full. Breathing tranquil. Bowels have not been moved since the accident. To have a black draught immediately, and the anodyne at night if required.

16th.—Spent a restless night. He complains of a general feeling of discomfort, but of no particular pain. He moves the left leg readily, but when asked to move the right continues to move the left unconciously. The paralysis of the arms is still almost complete. He passes his stools under him in the bed, and sometimes also the urine, though he is occasionally conscious of the desire to empty the bladder. The breathing is very laborious, all the muscles of forced respiration being brought into play. The surface is covered with perspiration, the pulse varies between 130 and 150, sometimes approaching 200, and has somewhat of a hard character.

He was again carefully examined, but nothing found sufficiently definite to make the existence of a fracture a matter of certainty. The spinous process of the seventh cervical vertebra, as formerly, was prominent, and seemed to move obscurely under the finger, but no crepitus was felt.

These signs, however, along with the symptoms of compression which were coming on, made it evident that pressure was being exerted upon the cord either by a fragment of bone, or by some effused matters, probably the former, for motion caused an aggravation of all the symptoms. About ten ounces of blood were taken from the arm, followed by cupping to about the same amount along the spine, and a pill, consisting of Calomel grs. ij. and opium ¼ gr., directed to be given every hour.

17th, 9, A.M.—Seems easier. The pulse, after the bleeding yesterday, became stationary at 130, and still remains so. The breathing is not so laborious, and he slept a little during the night.

12 o'clock, Noon.—Sinking. The breathing is slower, but more labored, the surface is clammy, and the pulse about 148, small and thready. He complains of very great weakness.

He was ordered six ounces of wine, and beef-tea, but about two o'clock he suddenly expired, after having been raised up in bed at his own request.

Autopsy.—The spine was examined about twenty hours after death, the body, meanwhile, having been lying on the back.

Cadaveric rigidity was extremely well marked, and there was the usual amount of gravitation of blood to the depending parts. On making an incision along the spine, the soft parts were found to contain an unusual amount of blood, and in several places there were large clots which had evidently been effused during life. On reaching the spinal column, the spinous process of the last cervical vertebra was quite moveable, and on examination, was found fractured on each side, immediately internal to the transverse processes. There was also a considerable separation between the bodies of the last cervical and the first dorsal. On raising the fractured spinous process, a large clot of blood, probably ¾ of an inch

in diameter, was found beneath it, lying on the surface of the cord, and adhering so firmly to the latter as to remain firmly attached after the spinal cord had been removed from the canal. There was no softening or other leison of the cord itself, death having apparently resulted from the pressure of the clot, together with that resulting from the preternatural mobility existing between the adjoining vertebræ.

Case of Mentagru, or Sycosis Menti, cured by local means.

John M'Donald, a Scotch laborer, aged 35, was admitted under Dr. Howard February 8th, with Sycosis Menti, affecting one side of the chin and upper lip.

He has suffered from it for several years, and has been several times cured, but the disease invariably returned in a short time. The treatment, he says, consisted in the internal use of Donovan's solution; with lotions and ointments of various kinds externally.

He is not aware of the manner in which the disease was contracted, but he thinks it was from shaving with a razor which had been previously used by a person laboring under the same disease. He describes it as having first appeared in the form of little pimples or blisters, among the roots of the hair, and these gradually drying up as fresh ones appeared. The pain was often severe, especially when he attempted to shave.

When admitted, the affected part was mostly covered by dry scales, and, on close examination, several pustules could be seen, each having in its centre a hair, which latter could be removed by the slightest force and with scarcely any pain.

The disease being looked upon as chiefly, if not entirely, of a local nature, and cases of the same kind having been successfully treated on former occasions by means of a lotion of Donovan's solution diluted with water, it was resolved to try the effect of the same plan of treatment in this case. Accordingly, after a poultice had been kept upon the part for a day or two to separate the crusts, a lotion was applied by means of lint and oiled silk, consisting of 1 part of Donovan's solution diluted with 15 of water. An occasional black draught was also ordered for the purpose of keeping the bowels gently open.

Feb. 14.—Lotion causes considerable smarting when first applied, but the pain is by no means excessive. The strength of it to be increased to 1 part in 12.

26th.—The part is much improved in appearance, the pustules are much fewer in number, and chiefly confined to the margins of the affected part. He complains of considerable smarting and irritation from the lotion. A poultice to be applied till the irritation subsides.

28th.—The lotion was re-applied, and in addition, he was directed to extract all the diseased hairs with a pair of forceps, a feat easily accomplished, the hairs requiring removal being more or less loosened by the disease at their roots.

March 20th.—He has continued to improve steadily since last report, and the chin is now in a better condition than at any time since the disease made its appearance, in fact the only vestiges of its existence are the absence of the beard from the part affected, and slight thickening and induration of the integuments.

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ORIGINAL COMMUNICATIONS.

ART. XXXVIII.—*Contributions to Clinical Medicine.* By JAS. CRAWFORD, M.D., Professor of Clinical Medicine, University of McGill College.

A Case of Paralysis of the Forearm and Hand Cured by Galvanism.

Paralysis of the Forearm, arising from pressure (during sleep) of the head, on the brachial nerves, appears to be of very rare occurrence. The affection has been introduced to the notice of the profession by Dr. Healey in the Dublin Hospital Reports, with the observation that he has not seen it before described, the notice he gives is quoted (as a curious case) in the Medico-Chirurgical Review, and is also referred to by Dr. Todd, in the article Paralysis, in the Cyclopedia of Medicine,—and by Copland in his Dictionary of Medicine; beyond which I have not been able to find any other case reported. Having lately had two cases, I would desire to put them on record,—from its rarity, as well as the success of galvanism in the treatment.

Mary Kelsie, aged 30, a single woman, was admitted into the Montreal General Hospital, on the 7th Dec., 1854; having lost the power of her right forearm and hand five weeks previously. She stated that she had been much in the habit of sleeping with her *hand* under her head at night; and that to her great surprise she awoke one morning about the beginning of November, and found the *hand* she had lain on, and the forearm, up to the elbow, quite powerless, and nearly insensible.—She could not say how long she had lain with the *hand* under her head, but presumed from her habit, that she had done so, for most part of the night; *she persisted in saying that her head lay on her hand and not on her arm*; she never had experienced any evil effects from so doing before, nor had she ever any Paralytic affection, and although a spare and thin woman, had enjoyed very good health, and with the exception of the Paralytic affection, had no complaint at the time of

her admission. She was temperate in her habits, and regular in her menstrual courses; she was generally employed as a house-servant. The hand and forearm as high as the elbow was powerless, except that she could pronate or supinate the limb; sensation also was almost null, a disagreeable numbness or tingling was felt through the paralysed part; when the arm was extended the hand dropped and could not be raised by a voluntary effort without assistance, unless by supination; the hand in like manner was powerless, and the fingers could neither be closed within half an inch of the palm nor be extended further from it; all power of grasping was lost, and extension was equally defective. She had been under medical treatment during the interval, since she became paralytic, and had been several times blistered, and had used stimulating liniments, and had also used strychnine and other remedies without having derived any benefit from the treatment.—She was forthwith ordered to be electrified daily, to rub the paralysed limb with stimulating liniment, and to wear a bandage and splint for support; in about a week she began to recover sensation in the forearm, and a painful tingling replaced the insensibility. In about three weeks the natural sensation had in a great measure returned, and she had regained considerable muscular power, and before the end of January she could close her hand well and grasp pretty firmly, and had regained perfect sensation. About the time her complaint began to amend, a rheumatic affection seized the deltoid and muscles of the shoulder, which continued more or less till the end of January,—at which time she could hold out the hand with ease, and straight in a prone position and grasp firmly; in fact, she had almost completely recovered from her paralytic state. Having handed over my hospital charge to my successor, I lost sight of her except for an occasion or two; the electricity was persevered in, and she got quite well shortly after.

Thomas Copland, a blacksmith, a powerful muscular man, of very intemperate habits, which vice was so established, that he could not restrain the injurious propensity, whenever he had an opportunity of indulging it. He had been tippling for some days, but to his view, not intemperately, when on the 14th of December, 1854, he lay down on a long wooden bench, to pass the time, being as he stated, *duly sober*, not having drank any intoxicating liquor that day. He fell asleep with his arm under his head, when after a *lapse of twenty minutes*, he awoke, and to his great astonishment, found his left hand and forearm quite powerless, and in a great measure insensible. On the 17th December he was admitted into the Montreal General Hospital, not having had any professional treatment in the interval, the forearm as high as the elbow, was almost insensible, and he could scarcely feel a pinch or a pricking.

The extensors were quite paralytic, and the flexors nearly so—and he could not close the tips of the fingers within an inch of the palm, nor make any pressure, when trying to grasp any thing; when the hand was pronated it hung down. His health was apparently good, and he did not suffer from any headache or spinal pain, nor (from his report) did his debauches appear to be followed by any penalty; he generally enjoyed very good health, and had at the time of admission no other complaint, but the paralysis.

He was ordered to be galvanized daily, to have a stimulating liniment, rubbed occasionally on the paralysed parts, and to wear a bandage and splint. In a few days the sensibility began to return, and gradually the muscular power also, and before the end of January he had quite recovered from the paralysis, and was discharged from the hospital at that time. In this case, as well as that of Kelsie, the galvano-puncture was occasionally used, but as sensibility returned, the pain it caused prevented its continuance, its effects were most satisfactory.

Neither of these cases exhibited the depression of spirits remarked by Dr. Healy.

That pressure on a nerve for a short time will cause interruption to its function is familiar to all, and most persons must have experienced the disagreeable tingling sensation of the limb, (termed sleep) arising from this condition of the nerve,—on these occasions, however, we have but a very slight indication of a paralytic state of the limb, which soon passes off. If we are right in attributing paralysis to pressure on the brachial nerves, we may nevertheless hesitate to admit that pressure on the *hand* is *as* likely to be followed by the same evil consequence, as from the very common habit (especially in children) of sleeping with the hand under the head; we should expect a much more frequent occurrence of this affection if this be a sufficient cause. Although it is remarked that the patients so affected were all apparently in health, there may have existed some condition of the nervous system, predisposing it to be easily acted on by a pressure, which, on other occasions, might not be attended by an evil effect. The paralysing influence of cold, on the peripheral nerves, is more frequently observed, and beautifully illustrates the ingenious reflex theory of Dr. Marshall Hall.

The following case arising from that cause, occurred to me at the time the foregoing were under treatment:—

Malcolm Morrison a stone mason, aged 42, a stout healthy muscular man of very temperate and steady habits, had been employed in building the piers of the Grand Trunk tubular bridge at St Ann's, in which occupation he was obliged to have his hands pretty constantly in the water, which at that season of the year (October) was very cold; he

was suddenly seized with paralysis of the right hand and forearm, and in consequence was obliged to give up work. He was under medical treatment at St. Ann's for about five weeks, and was blistered, and he used stimulating liniments; but finding he did not regain any power of his arm, he came to Montreal and applied for admission into the Montreal General Hospital, where I received him on the 18th Nov., 1854; at which time the hand and forearm were almost quite powerless, only a very slight degree of power remaining in the flexors. He could not close his fingers within an inch of the palm, the hand hung down powerless when pronated, there was scarcely any sensation in the forearm up to the elbow, and he barely perceived a smart pinching; there was no tingling or painful sensation, but something of a numbness; he could assign no other cause for the paralysis than the exposure to cold and wet, and no doubt he was very correct in his views, there being no indication of derangement of the general health. Nothing further was done but the daily application of the galvanic current, and occasionally the electro puncture and a stimulating liniment rubbed on the arm daily, with support to the wrist; his sensation and muscular power gradually and rapidly returned, and he was discharged on the 5th January, 1852, able to return to his employment. Nothing could be more satisfactory that the effect of galvanism in those cases. I was not aware of the opinion entertained by Dr Healy of the "specific" influence of galvanism in cases of partial paralysis of the arm, *arising from pressure*, till after I had treated those cases. I have every reason, however, to coincide with his opinions as to its remarkable efficacy, and I may add that the benefit arising from its application, in the case which originated from cold and wet, *was equally manifest*. Those cases resemble very closely the paralytic condition arising from the poison of lead to which painters are so liable, and although I have heretofore been satisfied with the sanitary power of strychnine in their treatment; I would however strongly recommend galvanism to have a trial in those cases. Although the cause of the paralysis was very different in these cases, the symptoms were precisely alike.

I may here notice the simultaneous coincidence of so many cases of so rare a character, as somewhat remarkable.

Paralysis from cold is by no means unfrequent. Within the last two years I have treated three cases arising from this cause; one of a boy brought on by bathing in very cold weather. The second, a female in indigent circumstances: she had been exposed to severe cold; after she had been a short time warming herself at a stove, she was seized with a slight *momentary* apoplectic fit barely sufficient to draw the attention of those around her to her state; she immediately perceived her left side hemiplegic. Both those cases got well in a short time.

The third, that of a lady residing at a short distance from Montreal, who having occasion to drive to town on a very inclement day, suffered much from cold; the next day she felt chilly and troubled with a bowel complaint; some slight loss of power in her limbs which passed off, on the following day (which was also very cold); and while she was still suffering from diarrhœa, she again drove into the city, by which exposure her bowel affection was increased, and she was taken so ill as to be obliged to remain at a friend's house for some hours. She returned home that evening, and next morning she observed she was hemiplegic of the left side, and her right leg was also slightly paralytic. She complained of an acute pain at the occiput and upper cervical vertebræ; especially on any motion of the head, to remove which, she was leeched and blistered. The paralysis extended to the right arm, and she had scarcely any power of either side, and had also nearly lost all sensation. In addition to the local treatment, she took calomel gr. iij. three times aday for several days. In a week, her complaint had so far yielded to the treatment, that she had recovered in a great measure the power and sensation of her right arm, and partially of her right leg; and a slight improvement was observed in the left side. Unfortunately erysipelas of a severe character attacked the blistered surface, and involved the mucous membrane of the fauces and throat, which carried her off in about a fortnight.

In speaking favorably of the therapeutic power of electricity, and the still more energetic action of electro puncture, in local paralysis, I would by no means desire to supersede or exclude the use of strychnine, especially in cases of chronic general paralysis, but I do not set such high value on it, in the local form. I do not, however, see that their combined action would be at all incompatible, nor should I overlook the valuable (and almost universally requisite) administration of mercury in these cases; my object on the present occasion being to record rare cases, and the successful application of galvanism, I have not particularized, in a detailed manner, their treatment.

ART. XXXVIII.—*Case of Extra Uterine Pregnancy, with remarks* By W. MARSDEN, M.D., Governor of the College of Physicians and Surgeons of Lower Canada, &c.,

The subject of the following case was under the treatment of several medical gentlemen at different periods of her pregnancy, all of whom were equally perplexed in their diagnosis, until its termination; a short time previous to which she became the patient of the late Dr. J. B. Blais,

assisted by Dr. Seguin. To the latter gentleman, as well as to the patient herself, I am indebted for the history and details of her case.

Madame B———, a handsome, intelligent, and lively brunette, now aged thirty four years, of the Parish of Beauport, in the District of Quebec, is the mother of two children, and was attacked with morning sickness, in January 1848, having ceased to menstruate between five and six weeks previously. On a Saturday afternoon, about the seventh week of pregnancy, she fell through a trap door, by which one leg was arrested in the fall, and extended at right angles from her body, causing considerable pain and uneasiness, which, however, soon passed off, and she continued to attend to her domestic affairs, and went to church on the following day, Sunday. On Monday, in the course of the morning, severe intermitting, cutting and lancinating pains in the abdomen, came on, and she was obliged to go to bed, to which she was confined for four or five days, and during that period, warm applications, poultices, &c. were used; and resulted in a mere shew, for a moment. From this period, until the expulsion of the fœtus, which occurred in the thirteenth month of pregnancy, she was troubled with constipation, which became more obstinate and intractable as time advanced. She also suffered extreme pain in the lumbar region. She expected to be delivered about the beginning of September, at which time, true to her reckoning, labour pains came on, and the midwife who had attended her on two previous occasions, was summoned to her aid. Three days of active labour followed, accompanied by regular expulsive pains, and she felt the movements of the fœtus distinctly all the time, when all action and movement suddenly ceased, and she felt a dead weight (in her own words), rather behind and to the right side. Vomiting now set in and continued daily, of fœtid green or blueish clayey looking matter, which was sometimes also grey and ashey looking, and sometimes black: but, always very offensive to the smell. From the last period referred to, until the middle of Dec., she was under the care of several medical practitioners, whose treatment, besides general treatment, consisted in a great measure of hot poultices, sinapisms and blisters. From September, when the labour pains ceased, until the termination of the case, the alvine evacuations were of the most offensive character.

The treatment of Dr. Blais, up to the 21st December, offers nothing new or worthy of remark, and had resulted in no clear diagnosis, and it is therefore needless to detail it. At this time, however, Madame B———, who seemed to be sinking, insisted as she had done before, that "the child was in the back passage." A careful examination by external manipulation, and par vaginam took place, which is thus described by Dr. S.

The abdomen was large and distended, and had a hard lumpy feel low down on the right side. On the left it was soft, and felt empty. On examining par vaginam, found the os uteri low down, and the cervix uteri long and soft. On passing the fingers up behind the cervix uteri, two oblong hard bodies could be felt, lying in a transverse direction, high up in the rectum.

Dec. 22. High fever, vomiting, skin hot and dry, pulse hard, wiry and frequent. Ordered copious enemas, which were administered. On the 23rd, the right foot of a child came away with one of them. Pains in the loins intense. On examination per vaginam, found that the hard bodies before alluded to had disappeared, and found in the situation they had occupied, "*une bosse molle,*" a soft bump or swelling.

On the 24th, finding the patient in an apparently sinking state, eyes protruding, fixed and glassy, ; insensible and immoveable, we resolved to explore the rectum. Having dilated it carefully, Dr. B. introduced the right hand, and passing it far up the rectum, while I assisted in dilating and protecting the parts, he felt and secured the foot and legs of a fœtus, and by careful traction removed a female child eighteen inches long, perfectly formed, and only slightly decomposed about the head, right leg and left arm. Ordered emollient injections of mallows, &c. On the 25th and 26th insensibility continued. On the 27th, however, consciousness returned, patient complained of a tearing and cutting pain on the left side of the anus. On introducing a finger into the vagina, found a large body which felt like an abscess. Introduced the catheter, and to our great surprise, drew off upwards of four quarts of healthy pus. On the 28th and 29th, emollient poultices to the abdomen and enemas continued. On the 30th, finding that the tearing pains continued, introduced the hand into the rectum, and extracted with some difficulty the two parietal bones, which were large and hard, and not at all injured, but dark coloured.

From this time, until the 15th of January, 1849, she continued to mend, having no unfavorable symptom, with the exception of retention of urine on two occasions, when upwards of three quarts were drawn off by the catheter. Her convalescence was regular and progressive, the only remarkable feature being extreme weakness of the legs, almost amounting to paralysis. She is now in perfect health, active and cheerful. Catameniæ regular and abundant, and enjoys sexual entercourse. Feels as well as she did before her illness.

REMARKS.

The foregoing case presents some features of interest, being one of the rarest of those rare deviations from nature's established laws. Extra uterine pregnancy, we have reason to suppose, was unknown to the anci-

ents previous to Albucasis, *(a)* who relates the history of a case, that was evacuated through the umbilicus.

Several modern writers have treated this subject at greater or less length, but Campbell *(b)* seems to have devoted more time and attention to the investigation of the history and statistics of this department of science, than any other that I have met with, and has collected the largest number of cases and facts.

Extra uterine pregnancy, is divided by modern writers into three, four or five varieties; but the earlier authors as Smellie, *(c)* merely mention the fact, that Fœtuses and Embois have been actually found in the cavity of the tube and abdomen, without any marks of exclusion from the uterus; whereas, Hamilton *(d)* only mentions the "ventral conception," and Burns *(e)* describes the seat of conception alone, without any distinct system of classification.

Dr. Granville *(f)* first, and Ramsbotham *(g)* more recently, have divided these cases into four varieties, and their arrangement is I think the best, as there is no case of extra uterine gestation, that is not referable to one of their varieties. Churchill *(h)* makes only three, the ovarian, the tubal, and the interstitial; and to this, Dr. Campbell *(i)* adds another, which he calls, ovario-tubal, but which is only a compound of the other two; Drs. Granville and Ramsbotham, and Dr. Valentin *(k)* in his incomparable work on Physiology, describe the ovarian, tubal, abdominal, and interstitial, of which latter, Dr. G— who had previously given only three varieties, says "it is, therefore, impossible to deny the existence of another distinct species of pregnancy, extra-muros uteri, in which the fœtus is lodged among the interstitial elements of that viscus, and has no communication whatever, either with the cavity of it on the one side, or the cavity of the abdomen on the other; unless ulceration or laceration take place."

Much as I admire simplicity and brevity, I prefer these divisions to Churchill's, in as much as the abdominal variety, is distinct and cannot properly be referred to any of his divisions. Interstitial, does not embrace the abdominal variety, although it may all others not comprehended

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(*a*) Liber II, Sect. LXXII.
(*b*) Campbell's Memoir on Extra-Uterine Pregnancy; Edinburgh, 1840.
(*c*) Outlines of Midwifery by A. Hamilton; 5th Edition; Edinburgh, 1803.
(*d*) Burn's Principles of Midwifery; London, 1809.
(*e*) Smellie's Treatise on the theory and practice of Midwifery; London, 1752.
(*f*) Granville's Graphic Illustrations.
(*g*) Ramsbotham's Principles and Practice of Obstetric Medicine; 5th American Ed.
(*h*) Churchill's Midwifery; 3rd American Ed., p. 168.
(*i*) Memoir on Extra-Uterine Pregnancy; Edinburgh, 1840.
(*k*) Text Book of Physiology, by Dr. G. Valentin, translated from the German by U. Brinton, M.D.; 1st London Ed., p. 642.

in the ovarian or tubal. The abdominal is not the result of interstitial deposit or transit, but is attributed to the fact, *(l)* that the fimbriæ of the fallopian tubes, fail to grasp the ovary at the instant the ovum is expelled. Hence, this falls into the abdominal cavity, and sinks to its deepest part, between the uterus and rectum, to undergo its further development. In the case of the interstitial or parietal variety, (which are synonymous terms), the oval has been impregnated and conveyed into the uterus, whereas, in the abdominal variety it has never reached that cavity.

The interstitial or parietal variety is by far the most rare, and has only been known to exist very recently. Ramsbotham says we are indebted to Schmidt of Vienna, (anno 1801), for the first detailed account of this particular species, published in the first volume of the memoirs of the Josephine Academy. Up to the year 1844, the history of only 15 cases of parietal extra-uterine pregnancy are recorded. Since that time a few cases have been added to them, and it has fallen to my lot to see two of the subjects of these cases. The one was Mad. B—s, of St. Gregoire, which was reported by Dr. W. A. Gilmor *(m)* of Three Rivers, in which the entire skeleton of a small fœtus was expelled piecemeal from the anus, in the second year of her pregnancy, which skeleton she has retained; and the other is Madame B———'s case, the subject of the present article. The fœtus, which is in excellent preservation, is in my possession. Of this variety, cases are published *(n)* in which very fetid matter, together with putrid flesh, bones and coagula are discharged by the rectum, vagina, or bladder, but I have only met with one case in which the child was expelled in so perfect a state from the rectum, as in the present case, where recovery took place—the case of Mr. Gifford, *(o)* in which the child was expelled entire and undecomposed by the anus.

A highly interesting case of interstitial extra-uterine fœtation complicated with stone in the bladder, is narrated by D. Ross Leitch, M.D., of Leamington, Spa. *(p)* The subject was of dissipated habits, and impaired constitution, and was admitted into the house for the purpose of being prepared for the operation for stone in the bladder, but died before the operation. In this singular case the nucleus of the stone was formed by one of the bones of the fœtus that had penetrated the walls of the bladder. On sawing through the stone which was of triple phosphate, this fact became evident by the tibia being embedded in the stone.

(*l*) Valentin Ut Supra.
(*m*) 1st volume, 1st Ed., Montreal Medical Gazette.
(*n*) Burn's Midwifery; London, 1809, p. 134.
(o) Phil. Trans,; vol XXXVI., p. 435.
(*p*) Edinburgh Monthly Journal of Med. Science for Feby., 1845, p. 106.

Of the four varieties of extra-uterine gestation, the tubal is by far the most frequent, as well as the most fatal, the abdominal the least fatal, and the interstitial the most rare *(q)*.

The duration of extra-uterine pregnancy will depend upon its situation; thus, if it lie in the fallopian tube, it rarely lasts beyond two months, whereas ovarian pregnancy will last five or six months; on the other hand in ventral pregnancy, the fœtus will not only be carried to the full term, but far beyond that period, amounting to several years. Dr Campbell gives the following account of seventy-five cases. It was retained three months in two instances, four in one, five in one, nine in two, fifteen in three, sixteen in two, seventeen in two, and eighteen months in seven; one year in five, two in eight, three in seven, four in four, five in one, six in two, seven in three, nine in one, ten in three, eleven in two, thirteen in one, fourteen in two, sixteen in one, twenty-one in one, twenty-two in one, twenty-six in two, twenty-eight in one, thirty-one in one, thirty-two in one, thirty-three in one, thirty-five in two, forty-eight in one, fifty in one, fifty-two in one, fifty-five in one, and fifty-six years in one.

The probable causes of extra-uterine pregnancy are various, and at least are but conjectural. Among the most likely, however, are original conformation occasionally, pathological changes, and accidental occurrences. To the latter of these causes I am disposed to attribute the case now under consideration, viz., to the fall through the trap door, in the seventh week of pregnancy when the fœtus was doubtless within the uterus.

Anatomical conformation is supposed to favour tubal or parietal extra-uterine impregnation. But almost all the cases on record have occurred to women who had previously borne a family; and it is presumed if such a shape of the uterus disposed to it, that it would be more frequently met with in first pregnancies.

Among the accidental occurrences, mental agitation on the part of the woman while in the enjoyment of the conjugal embrace is not improbable, as cases are recorded in which this irregularity has followed a shock or surprise received in *coitu*. The fact that a large relative proportion of unmarried females have been the subjects of this complaint favors the opinion. Campbell says *(r)* that "out of fifteen cases five were unmarried females," certainly a large proportion, and Burdach *(s)* says, "such persons are more liable to be afflicted with extra-uterine gestations than women of regular habits and steady character."

(q) Rigby, Lib. of Med., vol. VI, p. 71,
(r) Memoire, p. 108.
(s) Physiologie, traduit de l'Allemand par Jourdain, 1838; vol. II, p. 135.

The proportion of women who conceive and bear children after these pregnancies is not great, but Churchill states that (*t*) nine women conceived once during the retention of the extra-uterine fœtus; two twice; one three times; one four times; one six times; and one seven times.

The subject of the foregoing case has three sisters married; one older than herself and two younger, who have respectively, seven, five, and eight children. From the present state of health I know no cause why Madame B——r should not conceive and bear again, although I have met with no case on record in which the subject of an interstitial extra-uterine pregnancy has borne again after the expulsion of the extra-uterine fœtus.

Cases like the present prove how beautifully nature adapts herself to exigencies, and how powerful are her means of overcoming dangers that we should at the first view be disposed to look upon as insuperable.

Quebec, 21st April, 1855.

ART. XXXIX.—*Rupture of the Uterus, without Pelvic Deformity, at the commencement of Labor—Cæsarian Operation—Death.* By HAMNET HILL, M.R.C.S.L., Ottawa City.

The following case, being probably the last extant, showing what value to place on the "Cæsarian Section" in uterine lesions necessitating it, will be read with painful interest by Obstetric practitioners:—

Mrs. K——, æt 32, of lymphatic temperament, loose fibre, and delicate appearance, but always enjoying good health, was enceinte for the seventh time; hitherto her labors had been perfectly natural, and of ordinary severity, (twice she had given birth to twins). On the morning of December 21, at 3 o'clock, she was *suddenly seized with most severe labor pains,* and about 4 I was at her bedside; on conversing with her, she said at that time she felt but little pain, but that when she disturbed her husband, she had feared the child would have been born before his return from my house, distant about one mile, of such extraordinary severity was the commencement of her labor, but that ever since, she had been, comparatively speaking, almost free from any; reverting to her former parturitions, I recalled to her the fact of their being a little tedious,—perhaps I frightened the pains away; at all events we would await the arrival of a female friend, who would arrange her bed, &c., before doing anything. I sat about half an hour at her bedside, during which time nothing like labor pain was observed,

(*t*) Ut Supra, p. 173.

but it struck me as rather extraordinary that she was so much colder than females in her condition usually are, the only explanation I could give of this, unsatisfactory as it appeared, was to attribute it to the weather, which was pretty severe. On arrival of her friend, I went into an adjoining room, so that she could have her bed, &c., properly arranged, where I fell asleep, probably I was there half an hour before being summoned to the patient, this must have been about 5, A.M.; on questioning her, there was still no more appearance of any regular labor pains, but considerable jactitation, and some uneasiness about the front of the belly, which was not hard generally, nor of the size which we should expect with a female, who herself considered she was about to give birth to triplets, as she had jocosely said. I now made a vaginal examination, blood was issuing, but no membranous pouch, lax, or distended could be felt, or any relaxation or dilatation of the os uteri, everything was soft in that direction, except that the head of a child could be felt through the parieties of the uterus at the upper part of the vagina. I must confess I thought it extremely strange. However, in efforts to warm her with hot bricks and bottles, and in persuasive requests to take a little brandy and water occasionally, which, by the way, was repeatedly vomited; perhaps a second half-hour elapsed before I made another examination per vaginam, at this time I applied my left hand on the naked abdomen to see if any auxiliary effort would induce protusion of the membranes, it failed in doing so, but the attempt sent a chill of horror through my frame, for to the left of the umbilicus I distinctly felt something that appeared like the knuckle of a persons finger, sticking up at right angles to the abdominal parieties; in an instant the horrible truth flashed across me that the uterus had given way at the very first onset of labor, and that the projecting substance was either an elbow or knee of the infant expelled into the cavity of the abdomen. On questioning her as to the existence of this irregularity previous to the accession of labor, and ascertaining that she was sure it never had existed before, I made known to her husband I entertained the greatest alarm for her safety, and requested him to call in Dr. Sewell. On his arrival he confirmed my diagnosis; reaction had come on at this time, some color appeared in the face, and the pulse was much steadier and firmer than it had been, but still the same absence of any labor pains. Her awful situation was communicated to the husband without any reserve; he insisted that nothing should be left undone to save her, and at his urgent request I reluctantly undertook to remove the fœtus by the Cæsarian Section. At 8 o'clock was administered 80 drops of laudanum, and at 10 I performed the operation, assisted by Drs. Sewell and Grant; if ever the blessings of chloroform could be fully realized, it would be in

the performance of this direful vivisection, which is thereby divested of three-fourths of much that is so dreadful, and from which the hand of the operator shrinks with intensive horror. Never have I witnessed the more perfect action of the Anæsthetic, not a sigh or a groan escaped the patient's lips, and when she awoke to the reality after the performance of the operation which occupied but a short time, emotions of gratitude were among the first indications of returning consciousness. On arriving at the abdominal cavity, through the linea alba, the infant was found with its head and shoulders in the left iliac fossa, with the elbow answering to the angular projection that had too truly pointed out the nature of the case, the placenta was lying in the right iliac fossa, as it was detached from uterus, and most probably became so at the moment of the birth of the child into the abdomen; it is almost needless to observe the child was dead, although the placental souffle was to be heard on the right side, which fact fully agrees with the opinion recorded by some Obstetric writers, that it occasionally exists after the expulsion of the placenta, and consequently leaves the explanation of the "*souffle*" for future Obstetric investigation. The child and placenta were removed with as little violence as possible, as also some few clots of blood, the uterus being perfectly contracted; the wound was brought together very nicely by means of the quilled suture, and the patient removed to bed, a wetted cloth applied on the abdomen, and large doses of opium administered at repeated intervals. She was comfortable all day, slept much, and passed a very fair night.

Dec. 22.—Some slight distension of the abdomen, but little pain or uneasiness, some thirst, countenance good, the pulse was becoming rather excited, had passed urine, but no lochial discharge, the opium was continued; at night the countenance was becoming anxious, more abdominal distension and tenderness, some weeping from the womb, pulse had a jerking character, about 125, she was bled to about 16 oz., and calomel was now added to the opium.

Dec. 23.—Countenance much changed, frequent delirium, bowels very loose, abdominal distension on the increase, but not the pain; at 9 o'clock, P.M., she breathed her last, without the supervention of more acute symptoms than those detailed, having survived the operation 59 hours or thereabouts. A post mortem examination took place 14 hours after death; there was little if any attempt at union in the edges of the wound, and also an almost entire absence of inflammation in the peritoneal cavity; the uterus, which was about 6 inches long by four in breadth, exhibited a frightful chasm on its left side, extending from the fundus nearly into the os, on the opposite side a rupture of structure was observed to a slight extent, exhibiting the commencement of a solution

of continuity in that direction also, which was, however, arrested by the violence being expended in the opposite side; the substance of the uterus appeared healthy, but the thinnest part was very visibly that which had given way.

Remarks.—I look upon the above case as unique, inasmuch as the giving away of the uterine parieties occurred at the "*commencement*" of labor, and, moreover, with a fully developed pelvis. In common with other Obstetric and general practitioners, my practical experience of this direful and fatal lesion is not extensive, the preceding instance being but the second case I have witnessed; in both instances the lesion had taken place before my arrival with the patients, and in the case to which I will presently allude, the woman could have been saved by the timely use of instruments, but not so in the case of Mrs K., and although the ultimate results were the same in both instances, namely death, yet the lesion itself happened under far different circumstances, inasmuch as in the case under consideration the uterus gave way in its substance from non relaxation and dilatation of the os, here the uterus was distinctly at fault, whilst in the other case I attribute the fault not directly to the uterus, but to the disproportionate size of fœtus and pelvis, for although the latter was well and fully formed, yet the fœtus was of very large size, weighing over twelve pounds, and could not be propelled through the pelvis, short of an expulsive effort, which positively compromised the integrity of the uterus itself, and so put an effectual stop to the progress of parturition. The facts are briefly as follows:—the woman was in her fourth or five pregnancy, and had been seized in labor during the evening, a mid-wife was called to her, and she had expected the momentary birth of the child, as the head was descending at every pain, which was severe beyond measure, to her astonishment about midnight the expulsive pains ceased *suddenly*, vomiting set in with great restlessness and jactitation, and no more progress took place. I was called to her about 5, A.M., found her sitting in a chair, entirely free from any labor pains, but with much irritability of stomach, rapid pulse, general restlessness and anxiety of countenance, with worrying pains all over the abdomen; on an examination I found the pelvis well formed, the head in the normal position, pretty low down in the pelvis, with occipital tumour from long continued pressure, but there was an entire want of action in the uterus; I looked upon it as a case where the uterus had become tired out from long action, and that stimulation by Ergot of Rye would soon re-establish it, and that the labor would terminate in the natural way; the Ergot was repeatedly vomited, and still no action was induced, every other symptom was in *statu quo*; the woman was perfectly certain the child was dead, and I, therefore, re-

solved to hasten delivery with the forceps, which I accomplished with extreme difficulty, having been compelled to tie a rope to the handles of the instrument, so that the husband of the unfortunate patient could assist me in making traction on the child, which was at last brought into the world; it had evidently been dead some hours, and weighed, as I have stated, more than 12 lbs.; after waiting a reasonable time for the extraction of the placenta, and trying the usual methods without success, I introduced my hand into the uterus, when the fatal truth was immediately revealed, a bunch of intestines met my hand, and prosecuting my search after the placenta, it was found with large coegula in the cavity of the peritonem. The pains and uneasiness continued, I left her with large doses of opium to take at intervals, and returned home, having notified the friends of her position. She died after three days, I believe, of acute peritonitis; no post mortem took place. I have little doubt but that the early use of the forceps would have saved this woman's life most assuredly,* for the force of the uterus being insufficient to propel

*If I recollect rightly Dr. F. Rambotham lays it down as a kind of Obstetric axiom that 36 hours should be allowed to elapse from the commencement of labor ere the forceps should be resorted to; now with all respect to that gentleman (to whom I am indebted for much of my Obstetric acquirements, having been a pupil of his some years ago at the London Hospital) I must beg to differ with him, as also on another point, namely, as to the position which is alone favorable to the use of the forceps, and that is, that until *an ear be felt* the forceps is unjustifiable. I have used this instrument frequently and I never on one occasion was able to feel an ear, and, therefore, cannot help thinking that if the head were so low down in the pelvis as to allow a tactile examination of that organ, that but little necessity could exist for its employment at all; that is my opinion, the result of my own experience and observation. Then, as to time. I do not think any man can lay down precise rules on that ground; I have brought living children into the world with the forceps after three hours labor, and I have brought dead children after thirty or thirty-six hours, and the result of my own experience tends to the early use of that instrument, in frequently saving the life of the infant, and almost invariably relieving the mother from protracted suffering, that might, doubtless, without the use of instruments, but much sooner with. In making so bold an assertion I am aware I shall expose myself to the severe criticisms of many Obstetric practitioners, as inculcating erroneous principles which may be of injurious consequences to young practitioners, but I wish it to be distinctly understood that I by no means sanction or advocate the rash and indiscreet use of instruments,—the aphorism of Denman is replete with good sense "meddlesome midwifery is bad," but I think that practitioners have occasionally carried it a little too far; possibly Dr R. amongst the rest. While on this subject I would record my dissent to the use of chloroform in instrumental midwifery; regarding as I do the slight pain attending the proper forceps as highly conservative in its effects; for its proper application is almost a painless operation, and therefore if the reverse is the case the manipulator may assure himself that something is wrong, for the knowledge of which unneccary pain in his most certain guide, and a most valuable beacon becomes lost to him, if such susceptibility be destroyed by the employment of Chloroform. This much I intended solely to apply to the application of the instrument after it is in position, and when the work of extraction is to be proceeded with, a discretional use of the ancesthetic may be justifiable.

the infant through the pelvic straits, became expended on itself, and a solution of continuity took place. Difficult as was the task of extraction, unaided by uterine effort, it would have been comparatively easy of execution assisted by such powerful contractions as were taking place previous to the rupture.

The question, then, naturally presenting itself is, if the Cæsarian operation is justifiable, and under what circumstances. Chailly, the pupil of Paul Dubois, sets down the mortality as five out of six cases; Dr. Churchill gives the mortality as 1 in 2½; the author of the "London Practice of Midwifery," published in 1823, states that in England "all the patients have died, there is not a single instance of recovery," yet the same authority quotes three instances where the life of the mother was preserved under the most unfavorable and least scientific circumstances. The first case is that of a woman in Holland, operated on by her husband, who was a sow-gelder by profession; she recovered, became pregnant again, and having declined again to submit to such a triumph of art, was ultimately safely delivered without his interference, to say the least of it, the operation in this case must have been unnecessary. The second case occurred at Rotterdam, here the operator was an infuriated ox, who butted the unfortunate woman and gored her so dreadfully that the child escaped through the wound. An accident of a very similar nature, likewise terminating favorably, occurred in Cordova in Spain; with these and other precedents before us, some having occurred in the United States, we must allow that the operation is justifiable, and in its performance requires in such a case as I have related but little nicety of judgment in deciding between *certain death* and *possible life*. Not so, however, where the pelvis is so deformed and contracted that a living child cannot be born, in which deliverance the choice between destruction of the child and the Cæsarian Section has been proposed; the weight of authority is against the latter, such cases are, and will be, however, of less frequent occurrence since the practice of inducing premature labor has been introduced. Much more might be adduced in relation to this very interesting topic, but this paper has already far exceeded my original intentions.

Ottawa City, April, 1855.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XL.—*Error of position*, being a discussion on the ultra-uterine policy of the American Medical Association. By Professor Milo, Nashville: W. F. Bang & Co., pp. 46.

This document is a strange, a passing strange, one. It is so marvellously ultra-common as to be entirely beyond the range of our understanding. It is written by an American Professor who is not familiar to us, as he prefers a fictitious to his own name, and chooses to sail under false rather than true colors. We would wish he were more bold and less secretive. A wood cut forms a frontispiece to the production, and for ingenuity of device perhaps could not have been exceeded by any scholar of refined mind and cultivated taste. It represents a man in the stooping posture, with his head between his thighs, and the tail of his frock-coat thrown over his back, so as to display in bold relief the nether extremity. The author further exposes his polished wit by subscribing under this picture the words "North American Rearview." The point, if there be any, is intended, we presume, to lay in the last word, which is the spelling according to the pronunciation by uneducated down Easters of the English expression *review*. Perhaps, judging from the glances we have given the text, for we have spared ourselves the infliction of a thorough perusal—perhaps we say the author designed this pamphlet as a rejoinder to certain remarks of the Nashville Medical Journal in depreciation of the American Medical Association—which from only concerning our friends on the other side of the line 45, we Canadians need not busy ourselves with. At any rate Professor Bowling seems to have shaken up the choler of Milo to a terrible state of froth, and the latter in turn is exceedingly coarse and abusive to the former. Professor B., who is co-Editor of one of our most valued exchanges, possesses, we are sure, too much good sense to notice such effluvia and too much self-regard to be contaminated by their contact. The text of the Error of position is fearfully interspersed with scraps of poetry—no less than three distinct ones being crowded into one page.—We are surprised that we have not, after all this, been favored with an original stave or two, for the least to be expected from so much dipping into the muse offerings was an incidental ejaculation of inspiration. In conclusion we would observe that we shall be happy to make any of our readers in need of entertainment a present of the aforesaid document.

XLI.—*Dr. Arnold's letter to J. E. McDonald, M.D., of Kentucky, and his answer*, also, a review of an article published by Professor Eve, upon Dr. January, in the Nashville Medical Journal. By Professor PHILO: Nashville, W. F. Bang.

Our friends in Nashville, actuated by commendable feelings of attention, have also forwarded us another controversial pamphlet with the above superscription; of course we thank them for this distinguished mark, and no doubt we are expected to show our obligations in a critique. But far from us be such an enjoyment for our leisure moments. For of many reasons why we should thus decline, let one suffice, and it is, that we neither know nor care anything about the personal disagreements treated of, and that neither Dr. Arnold nor Dr. McDonald, so far as we can ascertain, have any professional reputation beyond the spot of earth wherein they dwell, but by whose indwellers they may nevertheless properly be esteemed as inestimable blessings. Professor Philo has placed upon his title page three Scriptural quotations which in writings such as his form a new and striking feature and seem very much out of place.

XLII.—*Anniversary Discourse* before the New York Academy of Medicine. By John H. Griscom, M.D. New York, 1855.

This discourse was delivered in Clinton Hall during the month of November of last year, and has been published by order of the Academy. Its character like similar ovations tends to discursiveness. It is written in a flowing and elegant style, and being free of the sins of prolixity and of disjunctiveness, may be read without fatigue or wearisomeness. The concluding portion is chiefly taken up about matters of Hygeine and contains many very sensible remarks and judicious observations, which for public improvement might profitably be engraved on some tablet made of material as lasting as brass, and placed in the highway or commons, so that each who passed by might read and come away a wiser and a better person.

XLIII.—*Address of the Hon. Dr. Rolph*, delivered before the Faculty and Students of Medicine, of the University of Victoria College, Toronto. 1854-5. Toronto, T. H. Bentley. 1855.

The Medical department of the University of Victoria College is constituted, as most of our readers are aware, by the Toronto School of Me-

dicine, which had previously been incorporated by Act of Parliament. This latter institution will perhaps be most readily recognised under its familiar soubriquet of "Rolph's School," inasmuch as in its disjointed existence it was well known. We perceive that now its faculty consists of *five* Professors and a demonstrator. We suppose when practicable, the highly important chairs at present unoccupied will be filled up; for surely no school claiming any degree of utility can be adapted for the instruction of the Medical Student, in which such very essential branches are untaught as chemistry, institutes of medicine and medical jurisprudence. A further deficiency is in the want of a Professorship of either clinical medicine or surgery. These should be remedied as early as possible, as the character of a school often depends for its reputation upon the possession of practical teachers and their ability. The above address was delivered in the early part of the past session, to the students and others of the college. Subsequently a meeting of the class was called, and in reply to their proffered request, the Hon. Dr. R. presented his manuscript for publication. It takes a sort of *coup d'œil* at the most prominent facts in animal and vegetable physiology, and no doubt highly delighted the admiring tyros.

XLIV.—*Catalogue of the Faculty and Students* of the Medical College of the State of South Carolina. Session, 1854-5. Charleston James, Williams and Gitsingten. 1855.

The total number of students in attendance at this southern emporium of medicine was 149. As the publication before us merely gives the names, residences and teachers of the students, we cannot say whether the experience of the past contrasts favourably or unfavorably with that of previous winters.

XLV.—*Annual announcement of Lectures.* University of New York, Medical Department. Session, 1855-56, with catalogue of Students and graduates.

The announcement exhibits considerable activity on the part of the Medical Faculty of New York University. During the 13 years of its existence it has turned out yearly an average of 107 graduates. Now from the statistics of the last session, it would appear that proportionately this was then something more than one out of every three of the

students who attended. Could it, without an official statement be really credited that a university graduated one-third its class in a single session. Although we have spent several years in college matters, we confess to an inability to account for this wholesale manufacturing of doctors, and we cannot even arrive at a surmise as to how such an extraordinarily great number, in a relative point of view, should thus receive the summos honores. We should fancy this premature delivery plan is not to be exceeded elsewhere. Verily, the inducements are great; and we have no hesitation in saying to students,—if you wish to pass—if you *only* want the parchment M.D., go to the New York University, as there the chances are on the first session only two out of three against your succeeding—in the second, the balance is about equal, and in the third, you are sure of your object, or else there is no truth in figures—and in figures, too of the Faculty's own marking down.

XLVI.—*Nineteenth Annual Report* of the Managers of the New York Institution for the Blind, to the Legislature of the State. January 1855. For the preceding year. New York: J. Egbert.

From the above report we make the following quotation, illustrative of the character and progress of the institution. "The institution, they are glad to be able to state, shows every year an increasing usefulness. Its system of instruction, mechanical and mental, has now been tested by long experience, and its pupils scattered through the state, manifest, by their industry and intelligence, the benefit which even the blind derive from education. As mechanics and instructors, they compete in many cases with the seeing. In music, their want of sight, though an impediment, is not a bar to success, and they not unfrequently, on leaving the institution, command at once good situations as organists, choristers, and professors of music."

XLVII.—*Case of Penetrating Gun-Shot Wound of the Heart.* By J. M. Carnochan, M.D., Surgeon in Chief to the State Hospital, Professor of Surgery in the New York Medical College, &c. New York: Edward P. Allen.

This is a reprinted communication from the American Medical Monthly. The patient, who formed the subject of the case received, among other wounds, one on the chest, during an onslaught made on him by some five or six persons, armed with Colt's revolvers. Life was protracted for eleven days, and at the autopsy, the bullet was found em

bedded and encysted in the septum, between the ventricles. In consequence of pericarditic exudation, and previous cicatrization, the wound of entrance was not ascertained. In the language of the report, "its locality was only indicated by the sense of touch, for as the wound had entirely cicatrized, there was no outward visible sign of its presence."

CLINICAL LECTURE.

Clinical Lecture on Purulent Ophthalmia of Infants. By Robert Taylor, M. D., M. R. C. S., Eng., Surgeon to the Central London Ophthalmic Hospital.

(From Medical Circular.)

Gentlemen,—Among the patients whom you have seen to-day, there was brought an infant, two weeks old, both of whose eyes have been destroyed by purulent ophthalmia. Such unfortunate cases are I regret to say, of very common occurrence; in fact, the purulent ophthalmia of infants contribute more than any other disease, or, if we exclude abscess of the cornea consequent upon small-pox, we might perhaps say, more than all the diseases of the eye put together, to swell the list of inmates of Asylums and other charities for the blind. And this is the more lamentable that it ought not so to be. Unlike the purulent ophthalmia of adults, there are few inflammations of the eye which may be treated so confidently—which are so completely under the control of the simplest remedies. How then are we to account for the frequency with which one or both eyes are lost completely, or so much damaged as to be of little use? With regard to many of these infants, the explanation is that they have never been under medical care; the mother has been delivered by a midwife, or by an accoucheur who had ceased his attendance after the first two or three days, without his attention having been called to the child. The disease is supposed to be merely a "cold in the eyes," and they are bathed in warm water, or with a little of the mother's milk, or they are fomented, or, worse still, poulticed, until the obstinancy and profusion of the discharge, and the altered appearance of the eyes, excite alarm, and proper advice is sought, but too late. But this explanation is not always applicable. It is a fact that is continually forced upon the notice of every surgeon connected with an ophthalmic hospital, that many of these unfortunate cases have been from the first under medical care, and that the directions which have been given have been carefully and anxiously complied with. For the bad results in such cases I can account only by supposing that the old prejudice that the study of disease of the eye forms a "speciality" as it is called, to be comprehended only by adepts, is not yet wholly extinct. The means of instruction are not wanting; in addition to the directions contained in every systematic work on ophthalmic disease, the medical journals teem with papers upon the subject; and though I cannot wholly approve of the details of some of the plans

of treatment thus recommended, yet I am certain that there is not one of them which, if carefully followed ont, would fail to save the eyes from immediate destruction. No method is infallible; complications may arise which may totally thwart the best directed efforts; but those are of rare occurrence, and I am merely repeating the sentiments of every competent observer when I assure you, that when the patient is brought to you in time, that is, before the cornea has lost its natural brilliancy, the loss of the organ is due, in the immense majority of instances, to neglect on the part of the friends, or mistake on the part of the practitioner.

I need not detain you with an account of the rise and progress of the disease of which yon have seen so many examples, in its various stages, and with regard to its exciting cause, which was formerly a matter of dispute, I may merely observe that it is now generally acknowledged to be, in the immense majority of instances, the inoculation of the eyes of the infant with purulent or muco-purulent matter during its progress through the maternal passages. It is excited by the matter of simple leucorrhœa as readily as by that of gonorrhœa, though the inflammation caused by the latter is much more violent and dangerous; and it may probably be stated as a general rule that the violence of the disease is proportional to the amount of inflammation in the mucous membrane furnishing the contaminating discharge. Further, I may remark, that it appears within a few days after birth, seldom later than the third day; and that it must not be confounded with the simple and harmless ophthalmia to which infants of a few weeks old, in common with adults, are liable.

Unless you have had the care of the mother during her confinement, it is seldom that you will have an opportunity of seeing the disease at its commencement; much more commonly you will not be consulted until the eyelids are swollen to such an extent as to render it very difficult to obtain a sight of the eye; or, as was the case in the infant you saw to-day, the swelling is inconsiderable, but the eyelids are relaxed, flaccid, and or a dusty purple colour, and the discharge is thin and sanious. It is a matter of some importance to be able to form an opinion as to the condition of the eye without separating the lids, because, when the cornea is deeply ulcerated, the force which is required to do so, together with the resistance of the child, may rupture the thin corneal laminæ which still remain, when the lens, with more or less of the vitreous humour, will be discharged. So long as the eyelids are of a florid red colour, tense, hot, and shining, even though the discharge of thick purulent matter may be streaked with blood, so long may you feel confident that the eye is not seriously injured. But if they be relaxed and flaccid, as from previous engorgement; if they be of a dusky purple colour and cold to the touch, and if the discharge be thin and sanious, it is a certain indication that the cornea is wholly or in a great part destroyed, and you cannot be too careful in your manipulations. In hospital practice, it is better, perhaps, not to insist upon making a minute inspection when there is any real difficulty; but in private practice the friends may not be so easily satisfied, and in such cases the upper lid should be raised by means of a small silver speculum, so that there shall be no danger of undue pressure on the eyeball, and the risk of everthing the eyelids may be avoided.

With regard to the treatment, nothing can be more simple. It consists solely in the continual removal of the purulent secretion by syringing the eyes with an astringent solution. That which is employed in this hospital is, as you are aware, a solution of four grains of alum in one ounce of water. The printed instructions are always given in such cases direct that it shall be employed every half hour; it is not supposed that this order is literally complied with, but ensures its being very frequently used—perhaps once every hour. At the same time, I direct that the lids shall be kept well smeared with fresh lard, so as to prevent their agglutination, and the consequent confinement of the discharge; when this precaution has been neglected, as in children which are brought for the first time to the hospital, you will frequently see a rush of pus, as if a large abscess had been opened, when the eyelids are separated. I have never seen any injury result from the use of the syringe, as is apprehended by some; with proper instructions there are few nurses so obtuse as not to be able to perform the necessary manipulation with perfect safety, and the more that the eyeball lies deeply embebbed in, and protected by, the swollen eyelids. The only risk, is to the eyes of the operator, from the spirting up of the injected fluid; but this danger may be easily avoided by directing the stream laterally from either angle of the eye to the other; and in all cases the highly contagious nature of the disease should be fully explained, and suitable precautions should be carefully enjoined. Of the many hundreds of cases which have been treated at this hospital in this simple manner, I think I am justified in asserting that not one has turned out badly, in which the treatment has been commenced while the cornea still retained its brilliancy, and in which the instructions have been followed out with even moderate care. Having, therefore, good grounds for believing in its efficacy, I prefer it to some of the much more energetic methods which are sometimes recommended, and especially to the treatment by powerful stimulants or escharotics, as the sulphate of copper or the nitrate of silver, either in substance or strong solution. Such applications are intensely painful, and though they may undoubtedly arrest the disease, they are liable to leave a granular condition of the palpebral conjuctiva which it is difficult to get rid of, and which not unfrequently leads to serious after-consequences. In weak solution, not exceeding one grain of the salt to one ounce of distilled water, the nitrate of silver is a safe and powerful agent in arresting conjunctival inflammation, and those who have not confidence in the simpler method, may employ it several times a-day, after carefully washing away the purulent secretion by means of the syringe. It is rarely used in the hospital, simply because it is not found to be necessary.

With regard to leeches, which are so very generally recommended, the same remark applies. The most acute cases are found to recover rapidly and safely without using them, and therefore they are discarded. It may be objected that the subjects of Hospital practice are born of poor parents, ill fed, exposed to an impure atmosphere, and therefore weakly and cachetic; and that we cannot reason from them to the children of parents in a higher rank of life. But these debilitating influences do not seem to have much effect until the child has been for some time exposed to them; the offspring of the poorest parents, when free from

constitutional taint, are frequently as robust and well nourished at their birth, as those in more favourable circumstances. Further, many of the little patients brought to the Hospital, are the children of parents earning high wages, well fed and lodged, and who, in many instances, have previously paid as long as they were able, for medical advice. In these cases, as well as in private practice, and I speak not only from my own experience, but also from that of many experienced surgeons with whom I have discussed the subject, methodical application of simple remedies, and the assiduous removal of the morbid secretion, effect a rapid cure. I therefore conclude that the cases in which local blood-letting is requisite, are exceptional.

It is seldom necessary to interfere much by giving internal remedies. At this early age, as a general rule, the fewer drugs that the child is made to swallow, the better. Much more good may be done in most instances, by enforcing regularity and moderation in the times at which the child is put to the breast; a particular in which the lower orders are inconceivably injudicious; and by debarring the mother from the use of spirits or other stimulants by which the quality of the milk is so often vitiated. So long as the cornea is unaffected, and the child is moderately strong, it is quite unnecessary to give medicine unless it should be indicated by disorder of the bowels, or a loaded state of the tongue. In neglected cases, however, when the child is weak and exhausted, and when the cornea is dull, or has already commenced to slough or ulcerate, tonics or stimulants should at once be given to the full extent that can be borne. Extracts of cinchona, and the aromatic spirits of ammonia, are both well suited for this purpose, as they can be given easily, if mixed in a small quantity of milk.

In making these observations, I by no means wish to imply that the practice which is adopted at this Hospital is the only one which you can pursue with safety; there are many other methods, safe and effectual, which are employed both in hospitals and private practice, but these differ chiefly in detail, not in principle. What I particularly wish to impress upon you is, first, the danger of neglecting the first appearance of a purulent or muco-purulent discharge in newly-born infants, under the idea that it is merely a "cold in the eyes"—secondly, that the most acute cases of infantile ophthalmia may be successfully treated by constantly syringing away the morbid secretion, with a mild astringent solution, and that local blood-letting is rarely, if ever, called for;—and thirdly, that powerful stimulating or escharotic applications should be avoided, as being unnecessary, excessively painful, and frequently productive of bad after-consequences.

THERAPEUTICAL RECORD.

Cancer of the Breast.—M. Richmann in the Gazette des Hopitaux for December, reports the successful treatment of mammary cancer by the

local application of iodine. This is not the first time we have seen this remedy favorably spoken of, but we must confess to some doubt as to the correctness of the diagnoses under such circumstances.

M. Richmann applied to the tumour which, he contends displayed all the evidences of malignant disease, a bag of tow saturated in iodine, and at the end of seventeen weeks the tumour had entirely disappeared.

Cholera—Castor Oil in.—The *coup de grace* has been given to the castor oil treatment of cholera, by a committee of the London Board of Health, who thus close their report.

From the above abstract, the details of which have been carefully investigated by the committee, it appears that in 89 cases of cholera treated by different practitioners with castor oil, on the plan recommended by Dr. Johnson, 68 were fatal, recovery having occurred in only 15 cases, whilst 6 are still under treatment.

The same experiment was made with this "new remedy" in the Dreadnought Hospital ship, where of 19 cases, 12 died; whilst in the Glasgow Hospital, after losing 7 out of 9 patients, the treament was abandoned.

Excision of the Knee Joint.—Mr. Butcher in the last number of the Dublin Quarterly Journal, gives a table of thirty-two operations for excision of the knee joint, of which number five resulted fatally, or a mortality of about 15 per cent. He compares this result with the mortality after amputation of the thigh in the London hospital as given by Mr. Erichsen, which shews the proportion to be as high as 20½ per cent, after amputation for disease, and more than 50 per cent. after amputation for injuries, thus demonstrating that the danger of excision is considerably less than that attending amputation of the thigh.

Hiccough.—The Dublin Medical Press recommends as a specific for this troublesome affection the internal use of chloroform in small doses. The dose should be repeated as often as the hiccough returns, and two or three appeals to the remedy may be necessary.

Hooping Cough.—Since the publication in our last number of the statistics of hooping cough, treated with nitrate of silver, we have observed that Dr. Watson of Glasgow, by uniting Joubert's cases with his own, is enabled to present 167 cases of this intractable disease, treated by the introduction of the nitrate of silver into the larynx. Of this number, 96 were cured in two weeks, 61 in three to four weeks, 9 resisted the treatment, and 1 died.

We lay some stress upon the method of cure here suggested, because the treatment is certainly correct enough in theory, and it is important that it should be carefully tested in practice.

Inflammatory Rheumatism.—In the Boston Medical and Surgical Journal for March 22nd, we notice with interest a reported case of acute rheumatism treated with hyposulphite of soda in ten grain doses with the most marked results. Dr. J. H. Warren who reports the case, declares that this remedy has a wonderful power in exciting the secretion of the kidneys, and as an antiphlogistic agent it is worthy of attention. Dr. Warren's case of inflammatory rheumatism was discharged cured on the 8th day.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

THE TORONTO GENERAL HOSPITAL.

The evil spirit of which we made condemnatory mention in a recent number, continues to agitate the minds of our professional friends in Toronto. Ever signalized by his restlessness, no sooner is he quelled in one turmoil than another is evoked in which his fiendish machinations are even more tumultuous than they were before. Why he should confine his actions to this spot of Canadian soil, and find in no other a fitting theatre for the exhibition of his knavish pranks is a circumstance which, while it speaks favourably for the peace of distant parts, tends to cast a shadow of suspicion over the internal condition of his own cherished land. For it might be suspected, we hope wrongfully, that there was some peculiar predisposition which either invited, or else gave remarkable effect to his excitations when they were applied; in short, that there subsisted a characteristic conformation of moral status in the individuals influenced, which delighted in mischief and preferred obliquity to rectitude of conduct.

In the *Colonist* of the 24th of March last, there appeared a letter over the signature of "A Medical Student" which represented the Toronto General Hospital, as an evil that had grown grey in sin, and had reached a climax demanding speedy adjustment. Public feeling was so exasperated that an inquiry was loudly called for, and under circumstances of supposed aggravation, its immediate prosecution was unavoidable. The Trustees accordingly assembled at an early day, and proceeded to verify or disprove the accusation that had been so fearlessly put forth. A large body of evidence was acquired, and certainly the task proved to be one demanding much patience and no little discernment.

The charges made were multifarious, as instances we may adduce the most prominent and outrageous. The Hospital was declared to be kept in a state of disgusting uncleanliness; the floor, walls and appurtenances of the wards, were represented to be extremely filthy. The bed-clothes of the patients swarming with vermin, and altogether such a condition of neglect prevalent, as must, upon its perception, prove most harrowing to any person possessed of the least sensitiveness of feeling. For this revolting state of affairs no excuse can be pleaded, for wherever industry with soap and water are to be obtained it would not be found. In palliation it has been urged that there were no baths attached to the Hos-

pital in which the sick could be washed, this, however, is but a partial explanation, and is, in itself, an admission of the inadequacy of the Hospital to the wants of its inmates. We should suppose such an *exposé* as this was never before heard, and were it not for the testimony adduced we could not credit that in an enlightened community of British colonists, in the middle of the nineteenth century, a building, professing to be an Hospital, was not supplied with baths. In the subsequent inquiry as to the truth of this allegation, one of the Physicians stated that baths were obtainable, but that to get them the patient had to be sent "to some other part of the building than the ward he was placed in." This uncleanliness seems to have been prejudicial to the interests of the institution; one witness (Mr. Bingham) says, "on going home I found lice on my clothes, and in consequence have foregone the privilege of attending the Hospital." And it is to be presumed that a similar reason prevented other students from taking out their tickets and increasing the funds by their fees.

Another cause of complaint was inhumanity. This trait of barbarianism, we are glad to perceive, is imputed to the sub-officials and not to the medical attendants. It is an error into which vulgar people are likely to fall when placed in posts of small authority, but it is one that, when detected, should be strongly discountenanced, and instantly remedied by the removal of the offenders. The guilty parties on the occasion under notice were an orderly named Burns and a Mrs. Donnelly. Burns in several instances is declared to have treated the patients very roughly, and to have shoved them about, both male and female, in a manner that was not becoming. In one instances he dragged a poor sufferer, exhausted by disease and misery, across the threshold of the Hospital upon the verandah and then violently dashed cold water upon his person. In another he was reprimanded by the Surgeon on duty for the roughness he exhibited in removing the clothes from a patient with a fractured limb. A monster of cruelty like this ought not to have been tolerated for a day, and we cannot agree with those who would look lightly upon his harshness by referring it to his having been an old soldier, nor can we acquiescence in the testimony that "he was only fit to be among soldiers," for we think he was not fit to serve his fellow man in any position of life. Mrs. Donnelly seems to have been a nurse, whose forte lay in abusing the patients and too often putting an enemy into her mouth to steal away her brains. Occasionally she allowed her passion to so conquer her that she has said, in allusion to some invalid more wretched than the rest, "I will be the death of him." At other times her judgment has over-ruled the direction of the Attending Physican, thus "Dr. Bovell inquired of Mrs. D. why brandy which had been pres-

cribed had not been given. She said there was wine." Yet this independent lady of superior quality seems not to have been checked, but to have been allowed to run her course undisturbed. Of course, as was to be expected, the students met with frequent annoyances from her, and it is asserted that "*she* often refused to allow them to examine patients."

Another count in the indictment is moral pollution, but we have not been able to obtain any particulars, and sincerely hope it does not extend beyond the impurities conprised in the foregoing implications.

So far the accusations rest with the inferiors, now we enter upon those levelled against the medical staff, and here we deplore that they should ever have been countenanced by the infirmities of our brethren. Some of the Physicians are represented as having been very irregular in their attendance, one in particular, Dr. Beaumont, except during his week for admission came to the Hospital at no appointed hour, so that it was altogether impossible for the eleves to follow his practice or participate in the benefits which they anticipated in selecting this institution for the study of disease. The pupils of one school, Trinity College, were more favored than those of others, and received notifications of operations which was withheld from their rivals. But the remaining charges are of a still more serious nature, and imply an actual breach of professional courtesy in the mutual treatment of individual Physicians. Instead of consultations being general they were restricted to a chosen few, and in one or two instances the exclusions were not merely markedly invidious, but sedulously designed. Of those who were thus withheld from obtaining the privileges which legitimately pertained to their position was Dr. Aitken, whom we look upon as the victim of petty jealousy and shameful oppression. In giving his testimony he says, "some of the *patients* in the Hospital have observed to me that some of the medical officers disliked me, and gave these patients as a reason that I was a young man, and that the other medical men did not like to see me succeed in an operation." Our readers will judge from this at how low an ebb medical ethics must be when the very patients are aware of the likings and distastes of their attendants. And in the propriety of making them confidants in matters of so delicate a nature few right minded persons will be found to acquiesce. Dr. A. had patients actually taken from under his treatment and discharged just on the eve, as it were, when he intended subjecting them to operation; a case of stricture of the urethra is adduced in point. The cause of malignity would seem to proceed from his unfortunately being connected with Rolph's school, for his associate teachers were equally dispised. Mr. Lennon says, "a nurse considered, and every person connected with the institution was of the same opinion, that every one connected with Rolph's school was

worse than dirt." The Physicians also had their difficulties with the Trustees—they prescribed brandy but found it not, in lieu whiskey was dispensed, and they were contemptuously told that it was just as good, and much cheaper. Had there been a unaminity of action, and any spirit of independence, they would, we think, have resigned in a body and left the Trustees to treat the sick as best they might. And, lastly, the House Surgeon, Dr. Clarke, did not escape unscathed. He was accused of repeated intoxication and an improper meddling in affairs extraneous to his province.

Most of the preceeding calumnies, especially that of Dr. Clarke's intemperance, we are rejoiced to find have not been substantiated, but the inquiry has not yet reached a satisfactory conclusion, and we perceive the Provincial Legislature has determined to take the matter up. Mr. Hartman very recently moved for a Select Committee to inquire into the management of the Toronto General Hospital, but after some discussion withdrew the motion, with an understanding that he would renew it so soon as the Government were in possession of the report of the Trustees on the subject.

PROMOTION OF QUACKERY BY THE LEGISLATURE.

In a recent number we referred to an Act then about to be introduced into Parliament, which was ostensibly for the *relief* of certain parties practising medicine in the Eastern Townships, but which in reality was merely to permit the individuals in question to evade the law of 1847, by making another law which should place them beyond the pale of prosecution by the College of Physicians and Surgeons, Canada East, for practising illegally or without subjecting themselves to the authorized requirements. Reasons were then adduced why such an unjust proceedure should not be executed, and an expectation held out that a remonstrance from the Governors of the College would be forthwith submitted to the Legislature. We regret, however, to find that every effort has been futile, and that there is now more than a probability of the original bill speedily passing the Upper House.

This act of the Legislature wears an omnious import on its face; henceforth a precedent has been established which will sanction the most outrageous defiance of the authority of the only corporation that exists in Canada for the protection of legally qualified Physicians; for

any one who can command the exertion of an M.P.P. may fairly expect to be treated in an equally considerate manner, and be legalized to practice physic without cost and without ability. He need not possess attainments, nor even the semblance of preparatory study. He will only require to be measured by, and compared with, the parties who have been *relieved* this session, and a parity of circumstances being proved, he forthwith is ordained a licensed doctor. In this manner a general invitation is held out to all who choose to avail themselves of it, and undoubtedly applications will be numerous. For who with any aspiration to the name of a medical practitioner, who that finds educaducation an impediment, and capacity in deficiency, will restrain his ambition after this bill becomes law. He only has to remember, and be encouraged in his enterprise, that the parties favored in 1855 were Messrs. Bangs, Cutter, Willes, and Hutchinson; that the first two were not graduates of any College, and possessed no testimonial of professional proficiency; that the last two had certificates, or as perhaps they considered them degrees, from Colleges on the American border of a very inferior character, and from which the same *honor*, without any personal sacrifice, may be purchased at a small sum. These are the only standards of excellence he has to attain, and then, upon the principle above annunciated, he must obtain his desire; and it requires no lengthened explanation to shew that under auspices, so highly favorable as these, very many pretenders will be awarded the same footing as Physicians who have been regularly licensed.

A beggarly competition in the struggle for public patronage must follow, and medicine be brought down to the level of the most ignoble employment. A premium has been offered for ignorance, and skill has been regarded as unworthy of appreciation. The Acts of one Parliament appear as foolishness to the next. A College empowered by incorporation has been so regarded as to appear in the light of a snare and a delusion. The trade of physic is fast becoming free to adventurers, and the promotion of quackery is the work of the Legislature.

Dr. Gibb's Appointment.—It will please Dr. Gibb's numerous friends in Montreal to learn that he has lately been appointed Physician Accoucheur to the St. Pancras Royal General Dispensary, London, vacated by the retirement of Mr. Greerhalgh. Dr. Gibb's talents and perseverance will command, and are eminently deserving of success.

Highley's Catalogue.—We have received through the hands of Dr. Gibb a catalogue of scientific works published by Mr. Highley, Fleet Street, London. This we have placed with Mr. Dawson, Great St. James Street, where our readers can consult it.

OBITUARY.

We regret to announce the death, at the early age of 45, of Dr. Robt. MacGregor, Glasgow. Of mild and unassuming manners, he was highly esteemed by all who had the pleasure of his acquaintance. We spent one or two evenings in his company while on a visit to Europe, and were favorably impressed with his unostentatious conduct. There was none of that repulsive hauteur or offensive dogmatism about him which renders many who have achieved a name in medicine actually disagreeable to approach.

"Dr. MacGregor was a native of Ardchattan, Bonaw, near Oban, Argyllshire. After receiving such elementary instruction as could be imparted in his native village, he was sent, when about 15 years of age, to Glasgow, in the University of which he successfully cultivated classical literature, and acquired the rudiments of medical science. At this period he became the pupil of the late Mr. John Stirling, an able and accomplished practitioner, a dexterous operating surgeon, and an enthusiastic teacher of anatomy in the Portland Street School of Medicine. Under such tuition the strong natural talents of young Macgregor were evoked and matured to such a degree that he became the intimate friend and companion, and ultimately the colleague, of his accomplished preceptor. Before entering on the duties, however, of lecturer on chemistry in the School of Medicine already referred to, Dr. MacGregor had resided for several years in the Glasgow Royal Infirmary as Superintendent and Apothecary; in which institution he conducted those investigations into the nature of Diabetes, which at once stamped him as an accurate observer and an original thinker, and acquired for him a European reputation. The experiments and observations which he made on Diabetes were presented to the scientific world in the form of a probationary essay to the Faculty of Physicians and Surgeons of Glasgow, when he became a member of that body in the year 1837. To Dr. MacGregor belongs the merit of unfolding the true nature and pathology of the dreadful malady just named, and of directing the medical profession to sounder views and more rational practice. This just tribute to minute

observation, untiring industry, and logical inference, has been willingly conceded to our lamented friend; and in all the standard works on medicine which have since appeared throughout the civilized world, the name of Robert MacGregor has been identified with Diabetes.

He was also Physician to the Glasgow Infirmary, where he made some observations on the amount of Carbonic acid given off by the Lungs during the presence of the eruptive fevers.

For a considerable time past, the health of Dr. MacGregor had been much shaken. An inflammatory attack of the lungs, caught, we understand, from emerging on a cold night from the heated wards of the Infirmary, caused his life, about two years ago, to be despaired of; and, although he afterwards rallied so far as to resume his professional labors, the seeds of disease were irrecoverably implanted in his constitution. The end has at last come. His body was removed to his native place, according to a wish he had expressed—that he might sleep his last sleep by the banks of his own beloved Loch Etive."

BOOKS RECEIVED FOR REVIEW.

Snow on Cholera. John Churchill, London. From the author.

Harvey on the Ear. Henry Renshaw, London. From the author.

Brodhurst on the Lateral Curvature of the Spine. John Churchill, London. From the author.

Channing's Cases of Polypus of the Womb. Boston. From the author.

CORRESPONDENCE.

BRIEF REMARKS ON THE CHARGES MADE AGAINST THE ARMY MEDICAL DEPARTMENT, WITH REFERENCE TO THE TURKEY EXPEDITION.

By A Medical Officer.

(To the Editors of the Medical Chronicle.)

Gentlemen,—The correspondents of the London papers, who write from the Camp at Sebastopol, especially the Times, have been eloquent in their abuse of everything done there by the British, during the pre-

sent momentous siege, from Lord Raglan to the youngest Assistant Surgeon and Commissariat Clerk. Lord Raglan will, doubtless, be able to defend himself at a fitting time, and the Commissariat will also, I presume, do the same. I wish to say a word or two for the Medical Department, in which I have passed the greater part of my life.

It is well known, that since the peace of 1815, a most rigid economy has ruled in the War Office, and indeed pervaded almost every branch of the Government. Curtailing expense and saving money have been the dominant motives with the Secretary at War, and I have been informed, and believe, that his clerks have had a direct interest in this, receiving a per centage on all reductions they could discover or effect. Under this influence, the Medical Department, and doubtless others, have been reduced to a state of inefficiency, on the occurrence of any emergency, during the long peace we have enjoyed. This has been demonstrated, as relates to the former, in the course of several distressing epidemics of yellow fever and cholera. Yet, when war with such a power as Russia was impending, it seems to have been considered impertinent to enquire whether our emasculated establishments were adequate to meet the great danger.

When the Eastern Expedition had been determined on, and was in course of preparation, Dr. Andrew Smith, the Director-General of the Medical Department, was kept in the dark, and received imperfect information from Government, both as to the strength and destination of the troops. In February 1854, he was directed by the Duke of Newcastle to afford medical aid, medicines, &c., to a force 10,000 men going to Malta; a fortnight afterwards he was officially informed that this force would be doubled, and would proceed to Constantinople. He had scarcely time to begin to act on this communication when he received a third intimation, viz., that 30,000 men would go to Constantinople, and ultimately to Varna.

Under these circumstances Dr. Smith appears to have exerted himself in a very zealous and judicious manner. He selected some of the best and most active officers under his command at home, and warned them to prepare for immediate embarkation to Malta, and called from the colonies others to take their duties. He prepared a large stock of medicines, and surgical appliances, such as lint, bandages, &c., for the same destination, and according to his orders sent them to the Tower for shipment. When Dr. Smith was informed that the force would be doubled, and tripled, he proposed two additional supplies of medicines, for Constantinople and Varna, increased the number of medical officers to accompany the expedition, and ordered nearly every cavalry Assistant-Surgeon to do the same.

At this time it was generally believed that the allied French, English, and Turkish armies would relieve Silistria, cross the Danube, and attack the Russian on its left bank. Under this impression Dr. Smith sent three medical officers to Vienna, with instructions to call there on an eminent physician, who had made two campaigns on the Danube, and learn from him, and by their own observations, the medical topography of the country about to be the scene of military operations. They were directed to descend the river, survey the country carefully on both sides, proceed by Schumla to Constantinople, and then prepare and transmit separate and full reports.

I know those three gentlemen well. One of them was my Regimental Assistant-Surgeon in 1827. They were men of general and professional ability. They forwarded valuable reports, which the Director presented to the Secretary at War; and I believe they were sent to Lord Raglan.

During the Peninsular War, especially in the great battles, the British means of conveying the wounded to the rear, were defective, and inferior to the French. There were some spring wagons appropriated to this duty, but they were not scientifically adapted to the purpose, and besides, were too few in number. And when the seat of war lay in rugged or mountainous countries the waggons could not approach the wounded, and mules were required. I know that this was strongly urged on the Duke of Wellington by Sir James McGrigor, his chief medical officer, after the battle of Vittoria; and that a long official correspondence on the subject followed. But the defect was apparent, and a new transport organization was projected. It is very probable that if peace had not ensued so soon after, this desideratum would have been accomplished. But the cessation of the war, the pressure of the economical interest, and the hope of long undisturbed inter-national relations extinguished this, and many other military improvements.

Mr. Guthrie, the eminent London Surgeon, concurrently with Dr. A. Smith, the Director General, called the attention of Government to the necessity of establishing some transport like the French ambulances, when the Turkish expedition was in preparation last year; and the latter gentleman devised a wagon, which was submitted to the military authorities, and approved by them. I have been informed that eighteen of these vehicles were sent to Varna. A corps of drivers was necessary, and steps were taken to organize them as soon as possible. Here the Government appears to have made a great mistake, which produced serious bad consequences. Contrary to the strong and repeated objections of Dr. Smith the drivers were chosen from the military pensioners, men of long service, between forty and fifty years of age; discharged for

inefficiency in action, and of intemperate habits. In a few weeks they were found useless; and during the Varna cholera half of those weakened and predisposed by drunken habits, became its victims. On the embarkation of the army at Varna for the Crimea, the wagons were left behind; partly from limited transport, it was said but mainly, I suspect, from the bad conduct and inefficiency of the pensioner drivers. The want of these carriages was felt at the battle of Alma, and the blame fell on the scape-goat of the Horse Guards, the Medical Department.

The Cholera, as is well known, was destructive at Varna and its neighbourhood; and its bad effect on the troops that contracted the disease, but escaped death, were afterwards painfully apparent before Sebastopol. Convalescents thus reduced were weakened both in body and mind, predisposed to Diarrhœa, and peculiarly unfitted for the hard work, privations, and exposure to cold and wet in the trenches, during a long winter siege.

An extensive relapse of cholera took place early in the siege. During this time every medical officer that Dr. Smith could lay his hands on was ordered out, and additional supplies of medicine and medical comforts were forwarded to the Tower for shipment. If some of these arrived late, at wrong destinations, or were lost altogether, the fault did not lie with the medical department. Its Chief, according to his orders and language, transmitted every medical package for foreign service to the Tower, carefully directed, and apprised the officer to whom it was consigned, by Post, of its approaching shipment, and prepared him to take charge on its arrival. This was done in every instance. If, in the hurry and confusion of this great and impromptu expedition, medicines and surgical necessaries went astray, the blame did not lie at his door.

The want of medical officers was complained of at Alma and Balaclava, but this is not to be wondered at. In an engagement every wounded man is apt to consider himself neglected if he is not at once attended to, not reflecting on the wants of others under the same circumstances, and the necessary limitation of the number of Surgeons. We had some hard work in the Peninsular war, and I have heard the same complaints made; but nobody of any intelligence now repeats them. No doubt the fearful cholera epidemic, and the sanguinary engagements near Sebastopol, following one another so fast, demanded greater medical assistance than the Peninsular fighting. And it was afforded. At the Varna embarkation the proportion of medical officers to strength was one half greater than the average of the three last Peninsular campaigns. And considering the War office reductions this fact is most creditable to Dr. Andrew Smith.

The state of the British Hospitals at Balaklava and Scutaria has attracted much attention, and was, doubtless, very unsatisfactory and discreditable for some time. But many persons who exposed the irregularities and foul condition of these establishments, wrote their criticisms on a mere comparison of those temporary hospitals with the regular long established hospitals of Paris and London, without taking into consideration the peculiar difficulties to which they were exposed, and the incessant arrivals of sick and wounded with which the officers and servants were overwhelmed. And there were other disadvantages not generally known. The French, it appears, had the first choice of the buildings intended for hospitals, and, whilst the British waited for permission from the Turkish government, our prompter allies took possession of the best at once without leave, as they had done forty or fifty years before in other countries. The rejected buildings made very indifferent English hospitals, and as the Turks are a filthy people, notwithstanding their baths, great repairs and repeated purifications were necessary, which required time, and this could be ill afforded amidst the daily arrival of hundreds of dying patients.

Never was more severe work performed by medical men, or greater zeal and devotedness shown than during the Turkish expedition, and I may add, never was more successful surgical practice seen than after the battles of Alma and Inkerman. I have it from good authority that eight-tenths of the men recovered on whom capital operations had been performed, a proportion, I believe, much above the result of London or Parisan hospital practice. And the devoted surgeons suffered according to their unremitting exertions. In one month at Scutari eight died. I have received two letters from medical friends of mine at that station, one of which says,—"We are abused in the London papers but I don't regard it. I never worked so hard, nor witnessed such general devotedness to the sick. For the last four days and nights my labor has been incessant, and I have not left the hospital even to take a meal."

Yet these meritorius gentlemen have been calumniated almost incessantly in the newspapers. The agents and correspondents of the London journals, without definite or full information on military and medical matters, and possessing little judgment to use it, if well informed on such subjects, have painted every thing British connected with the Eastern expedition in the most dismal colors, pandering to a vile propensity in the public mind to find fault. Nor have they been content with exaggeration, but to my certain knowledge have violated truth, and in several instances. Even a very worthy man, I believe, S. G. O., of the *Times*, or the Rev. Mr. Osborne, has done this, carried away, doubtless, by the impulse of the circle around him. When giving his evidence

before Mr. Roebuck's Committee, this gentleman stated that Dr. Spence, President of a Committee sent out by Dr. Andrew Smith to Constantinople and Balaklava to report specially on the Military Hospitals, was Dr. Smith's son-in-law. Thereby insinuating that no impartial report could be expected from so near a relation. I observe that Dr. Smith has publicly contradicted this untruth. The Director General has no child, and my intimate and excellent friend Spence, who was well known to several persons in this city, and perished in the *Prince* at Balaklava, died a bachelor.

The superiority of every thing French over every thing English in the Turkey expedition is uniformly asserted by these writers, and dilated on with much apparent zest.. This appears to be at present a popular theme in the newspapers, and the state of the French Hospitals is triumphantly referred to in proof of its truth, relative to the Medical Department. It is probable enough that, considering the earlier establishment of the French Hospitals at Scutari, and the other advantages they possessed, as above noticed, and the fewer admissions into them, when the British Hospitals were formed, the comparison may at first have been favorable to our gallant allies, but I suspect this is no longer the case.

I can assert with confidence that the superiority was on the other side during the Peninsular campaign. In 1814, after the battle of Orthes, a French Hospital, full of wounded, was entrusted to my charge, its medical attendants having retired with the army two days before. I never witnessed any thing so bad as the state of that hospital generally, and the surgery was pre-eminently disreputable. Thirty patients had lost arms or legs— one or two an arm and leg. Of these about one-fourth had died, and most of the remaining stumps were attenuated cones, each with three or four inches of bare bone at its apex. The greater part required re-amputation to save life, the vital powers not being able to throw off the dead bone. Some thus recovered, but with difficulty.

This was in 1814; at that time out of Paris there were few Physicians or Surgeons of eminence; and I know that in the south of France it was not unusual to send a hundred leagues for a Surgeon to perform a capital operation. Things have no doubt improved much since that time, and distinguished professional men may now be found in Bourdeaux, Toulouse, Lyons, and other secondary cities. Still, I think, not in the same proportion as in towns of this class in Great Britain and Ireland.

Our Regimental Hospitals are nearly faultless, but in Military General Hospitals the anomalous and invidious position of the Purveyor is calculated to do mischief. Purveyors are Hospital Commissaries entrusted with the duty of providing food for the patients. Though nominally under the orders of the Senior Medical Officers, they are, *de facto*, the

agents of the Secretary at War, correspond directly with the War Office, and consider themselves its confidential *employes*, charged with the duty of preventing waste, and promoting economy. It is not wonderful, therefore, that some of these officers should abuse their privileges, refuse to purchase articles sanctioned by the principal Medical Officer, and even make unfavorable reports of him to the War Office, and accuse him of thwarting the economical views of the Secretary at War.

As one proof of the extent to which the system of shabby economy has been carried by the War Department, I may state the following small fact. Whilst the head quarters of the writer's regiment were stationed at Enniskillen, in Ireland, in 1823, he was detached at Cavan, forty miles distant, being then an Assistant Surgeon. One day he received an official order to proceed immediately to head quarters, the Surgeon having been attacked with sudden and dangerous illness. The writer started in the mail coach an hour afterwards. In a few days the Paymaster applied to the War Office for authority to pay twenty-three shillings, the fare of the coach. This was refused, on the ground that the Surgeon's horse ought to have been sent for the Assistant Surgeon, and expense thus saved. It was asked, how was his baggage to be conveyed? The final reply was the horse should carry both! The amount has never been paid, and probably some War Office clerk has been remunerated for suggesting this small saving, by a per centage on the twenty-three shillings.

I have little doubt that many of the complaints of the British Hospitals in Turkey and the Crimea arose from a fear of displeasing the War Office authorities by any remarkable outlay, and a concurrent apprehension that it would not be sanctioned. Indeed the minds of Purveyors, and Medical Officers also, must have been narrowed by being trained in a system of pinching economy, and could not easily expand and adapt themselves to the exigencies of the time. They ought to have reflected that the pressure of public opinion would make even the War Office liberal, and that their persistence in their old stinginess might now be highly disapproved.

During the Winter the want of food must have caused great distress in the Camp Hospitals at Sebastopol, and indeed it appears strange how any patient could recover in a thin tent, at a temperature about zero of Fahrenheit. I wonder in the general outcry against the Medical Department that this was not laid to their charge.

With respect to the exertions of Miss Nightingale and her companions,

whilst it must be admitted that these have been most meritorious, it may reasonably be doubted whether their ministrations have not been misplaced. Most revolting scenes must have shocked them, and I am surprised that their mental powers could have remained unimpaired amidst all the horrid sights and sounds around them. Doubtless they have been supported by those high principles and that steadfast faith which encouraged martyrs at the stake. Their eminent purity and disinterestedness have crowned their exertions, but long experience has shown that women of a lower character cannot be generally employed in Military Hospitals without evils of the worst kind, and subversion of all discipline.

Whilst the substantial proofs of public sympathy with the sufferings of our troops in this war, and the relief extended to their relations, cannot be too highly praised, it may be questioned whether in some respects this sympathy has not been carried too far, and founded on a mistake. It seems to be the public opinion in England that sick and wounded soldiers necessarily require the comforts and luxuries of delicate females. Now, in the course of 44 years experience, in war and peace, and most parts of the world, I have witnessed the recovery of some thousands of these brave fellows, and received their thanks, yet they never enjoyed the assistance of lady nurses, nor the benefit of muslin bed-curtains, white counterpanes, feather beds, Champagne, or Eau de Cologne.

The Secretary of State for War, it is said, proposes an important change in the government of the Medical Department. The Medical Board in future is to consist of an equal number of eminent civil medical men and medical officers. It is reported that Dr. Andrew Smith, the Director General, has been asked to preside over this Board, and that he has declined, prefering retirement from the service. There is one point in which the civilian members will probably be deficient, namely, quick perception and exposure of the art of simulating disease, or what is commonly called "malingering," in which many soldiers are adepts. This requires a long acquaintance with the habits of soldiers to attain. About forty-five years ago a coalition Board of the description now contemplated was in office, but not long, for irreconcilable differances of opinion took place, and it fell to pieces. And it is not improbable that Lord Panmure's Board may be equally short-lived, and that the chief authority shall again be placed in a Director General.

Montreal, April, 1854.

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